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ABSTRACT

An indepth study of the drug issue and problem in American schools is presented in this Education U.S.A. Special Report by the National School Public Relations Association. Dealing with what is and what is not being accomplished, the report probes the extent of the drug problem; reasons for its existence; the scare tactics of overkill versus the listless approach of underkill as used in drug education programs; the state of drug abuse education programs across the country; model anti-drug projects; essential components of a K-12 program; establishing policies and in-school methods of dealing with drug users; and the role of the parent. Present legislation and the intent and implication of laws that deal with drugs are covered as well as facts and figures about drugs, their use and abuse. Bibliographies of drug education projects and reference materials are designed for educators planning drug abuse education programs. (BL)

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SPECIAL REPORT

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DRUG CRISIS: Schools Fight Back With Innovative Programs

A Publication of the
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This Is an Education U.S.A. Special Report

Education U.S.A., a weekly newsletter founded in 1958, has introduced new dimensions to educational journalism in the United States. In addition to the newsletter, which reports major developments in preschool to graduate level education, the editors of *Education U.S.A.* prepare special in-depth reports on current education issues and problems.

News and interpretive features for the newsletter, based on materials from hundreds of sources, are written by the editors of *Education U.S.A.* and by correspondents in the 50 states. The aim: to keep the busy American educator informed of the important developments in his profession. The *Washington Monitor* section of *Education U.S.A.* is a current report on activities at the U.S. Office of Education, Capitol Hill and other federal agencies that make significant decisions in education. Each year the editors also prepare *The Shape of Education*, a special handbook of articles on trend-making subjects in American education.

The special reports are prepared when the editors decide that a new development in education is important enough to be covered in detail. *Drug Crisis: Schools Fight Back with Innovative Programs* is the 30th report in this series.

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DRUG CRISIS: Schools Fight Back With Innovative Programs

OVERVIEW

It wasn't until about 1967 or 1968 that the drug scene really found its way from the urban ghetto into Suburbia, U.S.A. At this point it suddenly became evident that the alliance of drugs and youth knew no racial, class, ethnic or socioeconomic bounds. Police, educators and parents, generally in that order, began to realize the awesome scope of the problem as it left its spawning grounds in the urban sector and hit like a bombshell in communities large and small, black and white, rich and poor, across the country.

Newspaper headlines, generally large and foreboding, jumped off the page with the ominous message. "Youth Drug Abuse Hits Critical Stage, Say Officials," trumpeted one paper. "Police Chief Vows War on Drugs," said another. "Crisis in Teen Drug Use Seen Here," shouted still another headline plastered across the top of a suburban newspaper's front page. Words like "epidemic" and "crisis" brought nervous parents on the run to town and school board meetings to find out more about this cancer that had grown up overnight to endanger the health and welfare of their offspring.

Until then, parents of teen-agers had been particularly unconcerned with facts about drug abuse. Most educators were almost equally unconcerned. Sure, maybe a few "hippies" here and there fooled around with drugs, and maybe some of "those people" in the ghetto did, too, but certainly "it couldn't happen here." Except, as we know now, it did.

The fact is now clear: the drug menace can, and does, strike anywhere. As Leonard J. Patricelli, a Hartford, Conn., radio-tv executive, put it recently at a meeting of the American Management Assn. in New York City:

"To New Yorkers and a good many others, Connecticut has always been a nice place to visit when you want to forget your problems and I suppose it still is. But the drug problem is something you can't get away from nowadays--even in a pleasant place like Connecticut. Half of the people who get arrested in our state these days are drug users. The high schools in those pretty, picture postcard towns 30 or 40 miles from the nearest city have drug problems. There prob-

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ably isn't a youngster living anywhere in the state--even in the rural areas --who doesn't know someone who uses drugs. And there are probably only a very few who don't know where to get marijuana as easily as you and I can get aspirin."

In Washington, D.C., John E. Ingersoll, director of the Federal Bureau of Narcotics, worries about the runaway downward spiral in the age of drug users: "We know that the age level of drug users is constantly decreasing. Four or five years ago, college seniors were virtually the only students involved with marijuana. In two or three years, smoking pot had moved down to the freshman level. In another two years, it had become a problem in high schools, and now it is getting into the junior high schools and even into elementary schools."

On the West Coast, Angela Kitzinger of the California State Dept. of Education, asks some big questions: "Having carried responsibility for drug abuse education for some 70 years, what have we accomplished? We have indeed exposed generations of high school students to thousands, perhaps millions, of assembly programs designed to scare out of them for all time any curiosity about, inclination toward or hankering about narcotics. We have written hundreds, probably thousands, of courses of study and curriculum guides.

"Yet look at the state of affairs today--a generation of young people increasingly committed to drug abuse; a generation of adults who view alcohol, nicotine and over-the-counter drugs as necessities of life; a drug-oriented society. Insofar as we are accountable, wherein have we failed? And where do we go from here?"

The answer to that question is what this Special Report is all about. Thousands of documents from hundreds of school systems in the 50 states and several foreign countries have been studied by the Editors of Education U.S.A. to find out what is being done. Mountains of newspapers and magazines have been combed through for pertinent theory, information and data.

This report will deal with what is and what isn't being accomplished. It will probe into the anguish of parents who have lost children to the drug scene, and into the minds of educators, lawmakers, policemen, community leaders and many others who are attempting to deal effectively with the drug problem. It will report the facts and figures of drug abuse, as well as the laws that deal with drugs.

The report will try to answer the question of why today's youth are turning on to drugs. It will discuss, in detail, drug abuse education across the country, from the scare tactics of overkill to the listless approach of underkill. It will report on programs that work and programs that don't. It will discuss in-school methods of dealing with drug users, ranging from "crash pads" to immediate arrest. It will contain terminology and a bibliography and much other information on the whole spectrum of drug use and abuse.

Hopefully, it will prove to be a tool to aid the educator in planning an effective drug abuse education program for his own particular school with its own particular circumstances; to provide him with an answer to the question: "Where do we go from here?"

THE EXTENT OF THE PROBLEM

One of the first things that overwhelm the drug researcher is the mass of statistics pointing to a drug problem of immense proportions. In its research for this Special Report, Education U.S.A. compiled a staggering list of statistics as it probed into drug problems and programs from coast to coast. The statistics show, above all else, the tremendous task facing drug educators as they seek to tackle a problem that has, for all practical purposes, a massive head start. As Sen. Harold E. Hughes, D-Iowa, chairman of the Senate subcommittee on alcoholism and narcotics, told a national seminar on high school students and drugs: "The truth is that we have a cancerous problem that has the capability of destroying our society. By and large, we have not begun to awaken to its magnitude." The statistics are as follows:

- There are some 18 million students in the nation's public secondary schools, and somewhere between 16% (Pres. Nixon's estimate, which he labels "deliberately cautious") and 25% to 35% of them (the estimate range of most doctors, educators and drug abuse authorities) are experimenting with marijuana. This means that up to 6 million students are taking drugs illegally.

- Some 12% to 15% (up to 2.7 million) are taking marijuana and other "soft" (generally non-addictive) drugs on a regular basis.

- From 2% to 3% (or some 500,000 youngsters) are hooked hopelessly on hard drugs like heroin.

- Estimates on the total number of marijuana smokers in the country range from 8 million to 20 million.

- A recent Gallup poll showed that 42% of college students are now experimenting with marijuana, as compared with 22% in 1969 and 5% in 1967. LSD experimentation has increased similarly from 1% in 1967 to 4% in 1969 to 14% in 1971.

- Manufacturers in the United States turn out one million pounds of tranquilizers, 10 billion sedative dosages, 500 tons of barbiturates, 8 billion amphetamine tablets and 34 million pounds of aspirin every year. Some 200 million prescriptions for sedatives, stimulants and tranquilizers serve more than 30 million persons each year, with the American people paying $250 million for tranquilizers alone.

- In the Haight-Ashbury Clinic in San Francisco, the first of the nation's free clinics for drug addicts, more than 50,000 patients have been served

in the past three years. Their average age was 20. Forty per cent took drugs without even knowing what they were.

- In Pennsylvania, a survey by the State Health Dept. showed that 11% of the state's high school population, or 123,000 students, are frequent users of illicit drugs.

- In New York City alone, there are more than 100,000 heroin addicts. Approximately 25,000 of them attend the city's public schools. In 1970, 900 persons, including 224 teen-agers, died from the use of heroin, which in that city caused more deaths of persons aged 15-35 than any other single cause. In 1966, 30 New York teen-agers died from heroin.

- In Philadelphia, drug-related deaths climbed to 186 in 1970, more than five times the number of local servicemen killed in Vietnam. In 1970, 805 drug cases came before juvenile court, compared with 17 in 1965 and 403 in 1969.

- Nationwide, arrests of persons under 18 for narcotics violations grew an almost unbelievable 1,860% from 1960 to 1968, according to Federal Bureau of Narcotics Director Ingersoll.

Facts and figures like these are not hearsay. They are culled from actual, factual surveys administered by professional pollsters and by school officials. Such surveys are quickly becoming a prime weapon in the fight against drug abuse in the schools, since educators have found that before they start thrashing away in all directions to institute a crash drug abuse education program, it helps considerably to find out first just how bad the problem is. A national poll conducted for the White House Conference on Children and Youth found that 54% of youth aged 14 to 25 would not report a known drug pusher. This figure jumped to 66% when limited to high school students. The lowest percentage of drug use was found among youth in the South (22%) and the highest, youth in the Northeast (34%). The survey also disclosed that 12% are using drugs regularly; that 26% had tried marijuana or other drugs at least once; that 60% believed at least half of their age group had tried drugs, indicating that most youths think more drug use is going on than is disclosed by several surveys.

In Ohio, a survey of 10th, 11th and 12th graders showed that 13% had tried marijuana. Another survey, conducted in the Milwaukee area for the Milwaukee Journal, found that some 20% of the 16 to 21 age group had tried marijuana. Another poll was conducted by the Wall Street Journal in a dozen upper-middle class communities across the nation. The poll-takers interviewed a broad cross section of teen-agers, parents, school officials, policemen, social workers, clergymen and others who deal with drug use and abuse. Estimates of the percentage of high school students who experimented with drugs--primarily marijuana--ranged from 25% to 75%. Figures were also high at the junior high school level. In the New York suburb of Maplewood, N.J., for example, the Family Service and Child Guidance Center estimated that 30% of junior high school students had tried drugs.

The survey also revealed that although the use of heroin may be a crisis of major proportions in urban centers, it hasn't reached that level yet in

the suburbs. Generally, the Journal said, only a small number of suburban youngsters regularly use anything stronger than marijuana or hashish. But, the report added, suburban police have reported "an alarming increase" in the use of heroin.

One point that became clear in the survey, according to the paper, was the almost universal contention of youth that "there's nothing wrong with grass." "Indeed," the Journal reported, "the belief that there's nothing physically harmful about marijuana seems almost axiomatic among teen-agers." Generally, the report concluded, teen-agers feel that there's little difference between using marijuana and alcohol except that alcohol is socially acceptable.

Replies to Education U.S.A. questionnaires from throughout the country bear out the widespread use of marijuana. Here are some of the results:

- In the Fullerton (Calif.) Union High School District, a survey of seven schools showed that in 1970, 34% of the students had tried marijuana, compared with 22.5% in 1968. In 1970, 17% reported they used it more than 10 times, compared with 11.7% in 1968.

- In a survey of Cincinnati public school pupils in grades 7-12, 31% said they had tried drugs. Some 16% said they had experimented with LSD and other hallucinogens, and 8% said they used them once a week.

- In Dallas, 14% of the high school students said they had tried marijuana, and 6% said they had used it 10 or more times. Three per cent (1,700 pupils) said they were using heroin or morphine.

- In Houston, 22% said they had experimented with marijuana; 12% had used it more than 10 times. Six per cent (5,800) said they were using heroin or morphine.

- In the Oakland Schools, Pontiac, Mich., three schools polled showed 34%, 23% and 9% drug use. The low figure came from a rural school.

- A survey for the state of Pennsylvania, covering 1.2 million junior and senior high school pupils, showed that marijuana use ranged from 9% in grade 7 to 28% in grade 12. LSD use went from 8% in grade 7 to 13% in grade 12, and heroin statistics indicated usage of that drug at the 10% mark in grades 7-11, dropping off to 7% in grade 12.

- A survey in the Clark County Public Schools, Las Vegas, Nev., showed 30% of high school pupils had experimented with marijuana, 8% with LSD, 17% with amphetamines and 13% with barbiturates.

- In Minneapolis, up to 25% of the students surveyed at various class levels said they had tried marijuana, but only 7% said they had used it more than a few times. Two per cent claimed to be regular users.

- San Francisco school administrators conservatively estimate that 40% of the junior and senior high school students are experimenting with drugs.

- In Scottsdale, Ariz., 40% of 12th graders said they had tried marijuana.

- The Pasadena (Calif.) Unified School District estimates that as many as 60% of its secondary school students are experimenting with marijuana, while from 5% to 8% are using it steadily.

- The St. Paul (Minn.) Public Schools also estimate a high experimentation rate (50% to 60%) with marijuana by its secondary school students, combined with 50% trying amphetamines; 40%, tranquilizers; 30%, hallucinogens; 25%, barbiturates; but only .5% taking heroin.

The statistics continue to swell, presenting stark evidence of a drug subculture that has taken root in society and found fertile breeding grounds in the schools. Perhaps John Ingersoll put it most bluntly when he said that drug abuse "has exploded into a problem of frightening proportions, as we see it in the Bureau of Narcotics and Dangerous Drugs. Our information...shows that drug abuse in this country is mounting at a startling rate." The rate, however, differs sharply along geographic lines. Replies to over 500 Education U.S.A. questionnaires show that drug abuse is most critical in the nation's large cities and their suburbs, and in the Northeast, North Central, Southwest and Far West sections of the country. On the other hand, very little drug traffic is reported in the South (North Carolina, South Carolina, Alabama, Georgia, Tennessee, Mississippi and Louisiana) and in the Midwest (the Dakotas, Oklahoma, Iowa, Nebraska, Minnesota). Equally small drug abuse problems are reported from "upstate" rural areas, even in such populous states as New York, Pennsylvania, Massachusetts, Illinois, Texas and California, which admittedly are facing major drug battles.

Yet even in these small, out-of-the-way places, survey returns show, the old "it can't happen here" routine is being replaced by the question, "can it?" For every smaller city where the drug problem may be generally hidden from view, there is a Pekin, Ill., a Chesterfield, Mo., or a Torrance, Calif., reporting that 50% of its students use marijuana; or a Burlington, Vt., an East Anchorage, Alaska, or a St. Joseph, Mo., reporting 60%; or even a Security, Col., a Dearborn, Mich., a Renton, Wash., or a Riverton, Wyo., reporting the staggering total of 70% of its high school-age youth experimenting with marijuana. Yet, in the face of these statistics, nine states (Nevada, Indiana, South Dakota, Oklahoma, Wisconsin, Idaho, North Dakota, Missouri and South Carolina) reported that they entered the 1970-71 school year without any concrete state guidelines on drug abuse education.

And even more startling, a poll of teachers colleges showed a lack of concern with even teaching a teacher how to teach about drug abuse. The poll was conducted by the Education Commission of the States in November 1970. Replies from 567 colleges (out of 840 that were asked) revealed that 184 neither offered a drug abuse education course nor planned to offer one. Forty-nine said they planned to start such a course in 1971-72. Of the colleges offering drug abuse courses, 131 offered it as part of some other course and 67 offered it only through summer sessions and workshops. Fifty-one offered a specific course, but didn't require students to take it. And only 15 of the 567 (2.7%) offered a specific drug abuse course and required future teachers to take it. As Ingersoll says: "Education is the long-range answer. If we want to keep future generations from becoming part of a widespread drug culture, we should find constructive alternatives that will capture their interest and imagination as drugs seem to in a destructive way."

'IT CAN'T HAPPEN HERE'—OR CAN IT?

One of the greatest allies the drug subculture ever had, as it moved swiftly and, in many cases, virtually undetected into counties, towns and boroughs across the country, was the city father or community leader, or perhaps the educator, who said: "It can't happen here." Many would like to think that person no longer exists. Unfortunately, he does.

Of 498 schools and school districts returning Education U.S.A. questionnaires on drugs and drug abuse, 176 said drugs were of no particularly serious concern to them; 158 said they had no drug abuse program for their youngsters; 206 said they did not involve parents in the area of drug abuse prevention; and 218 said they had no inservice training for teachers in drug abuse education. This type of non-preparation makes Tucson nurse Phyllis C. Barrins shudder. Writing in the American School Board Journal, she says: "For the sake of untold hundreds or thousands of students in your schools who will be tempted to flirt with drugs, don't take the 'it can't happen here' attitude that appears to be such an easy way out for the school board preferring to sidetrack the 'dirty business' of drug misuse. Drug abuse can and does happen here. Children, like adults, seem to love to flirt with danger, whether they live in the New York ghetto, the Grosse Pointe suburb or on an Oshkosh farm."

The regents of the State U. of New York said: "Our society has labored under the misconception that concern for our well-being should develop only when illness is apparent. We seek treatment rather than prevention. But treatment, even with early detection, is not the answer. The incidence of drug addiction represents educational failure as well as medical failure."

Taking issue with the "it can't happen here" advocates, The Arizona Republic, in a penetrating series on drug abuse, says emphatically: "The stereotype of the young drug user is false. In fact, no stereotype fits. Not all long-haired hippies are drug users, and not all drug users are long-haired hippies. Many users are exceptionally bright. Some are good students, some are dropouts. Some are varsity athletes. The most striking evidence comes from the young people themselves. Users and non-users alike say they could get any drug they wanted any time, anywhere.... In fact, what impresses the interviewer the most is that young people in high school and college seem to accept drug use, whether they participate or not, as an everyday fact of contemporary life. They are not uptight about it. They may disapprove of it, but it does not scare them. If they find anything appalling about the drug scene, it is how ignorant adults are of what's happening."

Terry Beresford, an education consultant, strongly agreed in a Washington Post article. She charged: "A rigid and outdated public school system in which

students are treated with distrust and often with hostility helps create for youth a climate in which escapism, rebelliousness, defiance of rules and risk-taking--all typical adolescent behaviors--are given added appeal, and drug use becomes a kind of rite of initiation for passage out of childhood or out of the established order."

Any notion that the drug abuser only comes from "the other side of the tracks" is dismissed by the findings of Stephen M. Pittel, a psychologist at Mount Zion Hospital and Medical Center in San Francisco, who spent months interviewing 250 drug users in Haight-Ashbury. He found that the typical drug users there had above average intelligence, with an IQ of 119; that they came from middle-class families within the $15,000-a-year income range; and that 50% of their fathers were employed in administrative, managerial or semiprofessional positions. Dr. David E. Smith, founder and medical director of the Haight-Ashbury free clinic for drug addicts, put it even more strongly: "There has been a tremendous increase in the middle-class junkie. By all indications, we have a nationwide heroin epidemic on our hands." Where heroin addiction formerly was confined to the ghettos, it is now occurring in the suburbs among children of physicians, lawyers and other professional people, Smith told the convention of the Illinois State Medical Society in Chicago.

He warned that heroin addiction had increased 12-fold in San Francisco from 1969 to 1971 and that the problem was equally as serious in New York City. Yet, the coastal locations should be no solace to the millions of people in middle America, he cautioned. The problem is rapidly spreading across the rest of the country in a "ripple effect," he said. Smith believes that drug patterns among middle-class users go in cycles that have their beginnings in the "severe drug subcultures" of places like Haight-Ashbury and Greenwich Village. He thinks educators ought to use these cycles and the "ripple effect" to predict "what's coming your way, even though your problem may never be of the same severity and magnitude." The greatest error drug programs make, he said, "is to react to what's already there rather than to predict what's coming" and to learn from the mistakes that have been made in other places.

Authorities point out that the substances youth use today to "get high" are almost endless. Young people inhale aerosol spray (two or three sniffs of which can be fatal), mouthwash, mineral oil, gasoline, glue, floor wax, dry cleaner fluid or just plain air--which, if gulped quickly and hard enough, can make anyone irrational. Pills for everything from treatment of heart ailments and diet control to tranquilizers and sleep inducers are popped regularly by some youngsters today with similar and almost as dangerous effects as those resulting from hard drugs. Yet it is what they are injecting into their veins that has most medical men shaking their heads. Such substances as boiled-down peanut butter, Accent food flavor, Murine eyewash, Ban deodorant, sleeping medications and alcoholic beverages are readily injected directly into the blood stream by pleasure-seeking youth. Other young people turn to eating banana peels, catnip and spices like nutmeg. And the list of house, garden, farm and desert plants that may be sniffed, chewed, smoked or cooked by people in search of kicks is inexhaustible.

Yet, there are still those who contend that the drug problem belongs to someone else, that it was a problem but is no longer so serious or that it is only a fad and, like the hula-hoop, it will fade away.

WHY?

If drug abuse has become so commonplace, the big question is, "Why?" The answers are many and varied, but one of the principal causes cited by drug abuse authorities from New York to Oshkosh is the omnipresence of television and its hard sell presentation of easy drug cures for everything from irritability to indigestion. Couple that kind of TV fare with the fact that the average child watches 22,000 hours of television during the first 18 years of his life, authorities say, and you've got big trouble.

Martin Kotler, former official of New York City's Addiction Services Agency, contends: "Commercials on TV are short, intense and to the point. They have enormous impact; they are skillfully designed and have proved effective. How many Americans walk in fear of having underarm odor or teeth not up to the ideal of pristine whiteness? More importantly, many commercials are replete with the promise of instant relief of symptoms of weakness, irritability, weariness or inability to fall asleep. Regardless of the causes, a harried mother with demanding children can magically become serene and patient in seconds after swallowing a pill. The distraught and nervous adult who lies sleepless on his pillow, turning fitfully, can lull himself into gentle slumber immediately after swallowing a pill. Example follows example of how a special and magical preparation can immediately alter one's emotions for the better. The reality of the harried mother doesn't change. The reasons for sleeplessness are not dealt with, the problems of discomfort are relieved only temporarily. What better analysis of the drug scene! What better invitation to alleviate pressures and avoid reality!"

Dr. J. S. Gravenstein, of Case Western Reserve U., testifying before a Senate subcommittee on drugs, agreed most forcefully, but broadened the blame to cover the "pernicious, irresponsible" advertising techniques of the Madison Avenue image makers in all media, rather than just TV. He charged:

"In uncounted advertisements we are being told, persuaded and conditioned not to accept any minor discomfort. We are continuously bombarded to take drugs for sometimes utterly ridiculous reasons. We are cajoled to pop a couple of pills into our mouth to get fast relief, freedom, pleasure, sleep, comfort, relaxation and regularity. The consumer is continuously urged to take drugs. Consequently, he demands drugs also from his physician. With such advertising, Dr. Gravenstein said, "we should not really be surprised when our young people adopt this belief and seek their own drugs to cure their own discomforts, imagined or real."

Another major reason, many contend, is the poor example set by parents and other adults, with a medicine cabinet full of pills and a liquor cabinet

well stocked with alcohol. According to Sen. Harold Hughes: "The average respectable adult consumes three to five mind-altering drugs a day, beginning with the stimulant caffeine in coffee or tea, proceeding from there to nicotine and alcohol, often a tranquilizer, not uncommonly a sleeping pill at night, and sometimes an amphetamine the next morning to overcome the effect of the sedative taken the night before." Also, Sen. Hughes added: "The day is long past when an adult can sit in his living room with a martini in his hand and tell his son or daughter that marijuana is bad."

Dr. Smith of the Haight-Ashbury clinic calls the cocktail party "the most common drug ritual in the Unites States," and he says it is not very much different in its social dynamics from a pot party. The Wall Street Journal, in its survey of youth and drugs, reported: "Others in the group launch into attacks on their parents as pill-popping, booze-drinking hypocrites who anesthetize themselves while condemning their children. 'My old lady's taking so much Nembutal and Darvon she's pratically an addict,' says a bearded 19-year-old. 'I'm expanding my mind when I do drugs. She's trying to cut hers off.'"

The Arizona Republic vividly said just about the same thing: "When an adult drinks a cocktail he is using a drug. When he drinks too many cocktails, he is abusing a drug. The same applies to cigarettes, tranquilizers, sleeping pills, diet pills, pep pills and even the common aspirin. Most young people have not missed the point. If these drugs are all right, then why the fuss about marijuana? More than that, why 'the big lie' about how dangerous marijuana is? And if adults lied about that, coundn't they be wrong about other drugs?

"So young people--many, many of them--are ignoring the old folks and their silly fears. They are getting high on everything from aspirin to nasal decongestants and from cough syrup to nutmeg. They are trying all the illegal drugs and making illegal use of legitimate ones.

"They are doing their own thing because they don't trust the generation that told them the big lie. They don't realize that the old folks never lied consciously; they just missed the point. Their fear got in the way. And now young people are missing a point, too: Research is more reliable than fear, yes, but experiments should be conducted scientifically, in a laboratory. Some of the drugs they are playing around with can damage their brains. Some can cripple their emotions. Some can kill. It's one hell of a point to miss."

Rock Music—A Promoter of Drugs?

One point today's youth aren't missing is the wording of some rock music tunes that promote the use of drugs. As rock music grew quickly in popularity with a younger generation doing more and more of its own thing, the lyrics not only questioned the values of society but also suggested ways of escaping the realities of that society. One suggested way was drugs. And rock music, particularly after the massive gathering at Woodstock, N.Y., became a prime contributor to the drug revolution.

The drug cult infiltrated rock music to the point that the Federal Communications Commission (FCC) in the Unites States and the British Broad-

casting Corp. (BBC) in England both stepped in to remind radio stations that they had a responsibility to screen music for its contents before it was played on the air.

The BBC acted far more firmly than the FCC. It banned some rock tunes from the air, including one called "Have a Whiff on Me," which promoted cocaine sniffing, and warned its stations to check all records "to insure that works containing matter which is, or might be considered to be, unsuitable for broadcasting do not get on the air."

The FCC expressed dissatisfaction with some of the lyrics being broadcast across the country, but hedged on actually banning them. In its first official notice to stations, issued March 5, 1971, the FCC appeared to ban such music when it said:

"The thrust of this notice is simply that the licensee must make judgment and cannot properly follow a policy of playing such records without someone in a responsible position knowing the content of the lyrics. Such a pattern of operation is clearly a violation of the basic principle of the licensee's responsibility for, and duty to exercise adequate control over the broadcast material presented over its station. It raises serious questions as to whether continued operation of the station is in the public interest. In short, we expect broadcast licensees to ascertain, before broadcast, the words or lyrics of recorded musical or spoken selections played on their stations."

When the nation's press interpreted this action as banning the playing of records promoting drug use, the FCC quickly said it really had no such intent in mind. It issued the following statement on April 16, 1971: "In a time when there is an epidemic of illegal drug use--when thousands of young lives are being destroyed by the use of drugs like heroin, methedrine (speed), cocaine--the licensee should not be indifferent to the question of whether his facilities are being used to promote the illegal use of harmful drugs.

"But nothing in the prior notice stated, directly or indirectly, that a licensee is barred from presenting a particular type of record. On the contrary, the notice made clear that selection of records was a matter for the licensee's judgment." Then diminishing the first notice even further, the FCC said: "The commission (FCC) cannot properly make or review such individual licensee judgments. Indeed, at renewal time our function is solely limited to a review of whether a licensee's programming efforts, on an overall basis, have been in the public interest. Any attempt to review or condemn a licensee's judgment to play a particular record is, as indicated, beyond the scope of federal regulatory authority...."

However, station owners had little time to breathe easier, for two pages later in the same April 16 notice, the FCC said: "The commission did make clear in the (first) notice that the broadcaster could jeopardize his license by failing to exercise licensee responsibility in this area.... The licensee is responsible for the material broadcast over his facilities. It is nonsense to assert that the licensee can be indifferent to this responsibility."

But although the FCC's tune changed almost with each page of each notice, so did the tunes played by most radio stations. The stations got the point:

that they could get in at least some kind of trouble with the FCC by playing songs which glorify drugs. So most stopped, and although the songs are still available at most record stores, one of their prime outlets, the radio, had been limited to a great degree. The action hasn't stopped students from turning on to drugs, but it has, hopefully, slowed down the revolution just a little bit.

Other Reasons for Drug Use

Another problem that turns students on to drugs, many persons charge, is the turning-off process employed so effectively by high schools with irrelevant, antiquated curriculum and an attitude toward students to match. One of the major conclusions of a national seminar on high school students and drugs, sponsored by the Institute for Development of Educational Activities (I/D/E/A), was that "the majority of youth are bored with their education and find the schools neither meaningful nor exciting."

"High school curriculum is focused largely on past events and obsolete technology," Kotler contends. "Mathematics, history, foreign languages or vocational arts do not appear pertinent to many youths in a world of exploding technology. Students have concern with the immediate present.... The study of antiquity holds little promise for help in navigating the shoals of today's personal crisis, let alone to develop personalities and values for tomorrow."

Another well traveled road to drug addiction, authorities say, is the escape route youngsters take in trying to forget or get away from serious personal problems. "The kids using hard drugs are usually the ones who have some kind of serious emotional problems in the first place," says Joseph B. Price, assistant principal and head of the guidance office at Mount Lebanon High School in suburban Pittsburgh.

Dr. Sprague W. Hazard, director of health services at Brandeis U., cautioned at the I/D/E/A national seminar: "It is essential to recognize that there is no such thing as a completely stereotyped user. Rather, each user is unique to his experience and constitution. Those who use drugs are not necessarily alienated or in rebellion or even emotionally disturbed, though they may be. Each case must be judged individually."

According to Dr. Hazard, Dr. Graham Blaine, chief of psychiatry in the Student Health Services at Harvard U., divides drug users into three categories: "the experience seekers," "the oblivion seekers" and "the personality-change seekers." The experience seeker, Dr. Hazard explains, "is an individual who, either because of social pressures to experiment or because of the fascination with the dangers of arrest, addiction or dying, takes a limited number of forays into the drug culture." The oblivion seeker, Dr. Hazard says, "finds a drugged state a pleasant respite from the stresses of the world. He is more often chronically involved with drugs. Although purporting to resort to drugs because of the world's unpardonable injustices, many of these young people are actually burdened by feelings of incompetence and inadequacy." The personality-change seeker "feels compelled to combine drugs and to escalate dosages as his disappointment and frustration mount and as the new personality he desires fails to materialize," says Dr. Hazard.

Of course, there are many more and simpler reasons why some youth turn to drugs, and perhaps the simplest is that most drugs are readily available in many schools and in most communities across the country.

Another reason for drug use is simply because it's the "in" thing to do for kicks. Peer group pressure to try drugs because "everyone else is" is sometimes insurmountable. Still another reason, which Dr. Hazard says may be a cover-up, is to demonstrate the rebellion of youths and their hostility toward authority. Many youths today are violently opposed to things like the Vietnamese war, power politics and racial injustice, and to them, taking illegal drugs is an ideal way to thumb their noses at the society that condones "such morally unjust activities." Still another reason is the search for pleasure, particularly in the area of sexual desire and performance. Also, others contend they began taking drugs to escape boredom, the pressures of a "you've got to succeed" society or the realities of a kaleidoscopic, rootless, nuclear, rapidly changing world.

One of the realities, according to the report of the I/D/E/A national seminar, is that "the transition from childhood to adulthood is seldom smooth, and large numbers of individuals are not emotionally equipped to meet the demands made upon them. The early and middle teens bring a loosening of family ties, a diminution of parental authority, increasing responsibility and sexual maturing. Beset with anxiety, frustration, fear of failure, inner conflicts and doubts, the adolescent may find that amphetamines and marijuana promote conversation and friendship; barbiturates loosen inhibitions; hallucinogens heighten sensations; and narcotics provide relief and escape."

Henry Thomas Van Dyke, New Jersey social studies teacher and author of Youth and the Drug Problem, points out another reason. Youth today are "living in a permissive, affluent, freedom-seeking society," and with few parental or social controls, it's easy to turn to drugs, he says. Fred M. Hechinger, The New York Times education correspondent, looks at drug use among the young as "the chain reaction of a combination of permissive homes and the speedup of youth's experiences in an affluent society."

Drug abuse authorities also agree that some students turn to narcotics in search of a deeper insight into the meaning of life. According to Van Dyke: "They hope that drugs will help them 'turn on' a vision of another, and hopefully better, world of the subconscious. For some," he explained, "the outer world environment is ugly, overwhelming and filled with wars and catastrophe. Through drugs, some feel they can enter the world of the inner mind, where all dreams are what the drug-taker wants them to be."

So the reasons for taking drugs are plentiful, be they real or imagined, and if a youth is looking for an excuse to abuse drugs, he needn't look very far. There is an excuse for almost every mood, and there is a drug for almost every craving. Furthermore, the drugs are readily available and millions of high school and junior high school students, as well as an ever-growing number of elementary school youngsters are taking them.

Educators have been handed these facts. The ball is now in their court, and the parents and community leaders in the stands are beseeching them to do something about it. The question now has switched from why to what.

OVERKILL VS. UNDERKILL

In answering the question of what to do, most drug abuse education authorities emphasize that the first thing schools and school systems have to learn is what not to do. And what not to do, most agree, can be divided into two categories, overkill and underkill. The most common of the two is overkill--where students are bombarded with scare films, told they can become addicted to marijuana for the rest of their lives, and cautioned, perhaps, that they might go blind from eating sunflower seeds.

The report of the I/D/E/A national seminar stated bluntly: "It was generally conceded by the conferees that most current drug information programs do more harm than good." Those attending felt that "although prepared with good intention," most of the current "crisis-oriented" drug abuse programs in the schools "cater to the biases of the adult population, thereby setting up a vicious circle that contributes to the generation gap and to greater drug use. The usual procedure," the report said, "is for the principal to suddenly call in the science teacher and tell him, 'You are going to be our drug instructor. I want you to give a one-hour lecture next week that will stop drug abuse in the school.'" This is "why we are where we are," said I/D/E/A.

Taking a look at where we are, Brandeis U.'s Dr. Hazard emphatically told the seminar: "Teen-agers consider hypocrisy the greatest sin. Any ill-founded statements gauged toward sensationalism or scare techniques have no place in an educational effort. If hypocrisy is suspected, it can bring prompt refutation and perhaps embarrassment to the educator."

Helen Nowlis, a counselor at the U. of Rochester and chairman of the U.S. Office of Education's advisory panel on drug education, says flatly that an overkill program "just doesn't correspond with the experience that kids are having. It's like trying to teach a 2-year-old that radiators burn in the middle of summer. It's a crazy imbalance to stress marijuana hallucinations when 99% of the kids who try a marijuana cigarette don't get hallucinations." Moreover, she contends, "any program where total abstinence is the goal is doomed to failure."

"Lectures, sermons and warnings that drugs are dangerous and illegal have all too often marked the crusade against drug abuse in the young. These arguments are not likely to influence the behavior of the young. They know drugs are dangerous. They know drugs are illegal. Chances are, they know more about drugs than you do," said It Starts in the Classroom newsletter.

A Boston teen-ager, replying to a questionnaire by WGBH-TV, succinctly summed up the student point of view by writing: "I'm tired of hearing that

if you take one joint you'll go to hell. Kids nowadays know more about drugs than most adults. Why don't you tell it like it is?"

One of the greatest dangers of overkill, authorities say, is the possibility of increasing rather than decreasing drug abuse. David C. Lewis, chairman of the Drug Treatment and Drug Education Committee of the United Community Services of Metropolitan Boston, writing in the Bulletin of the National Assn. of Secondary School Principals, told of the aftermath of one crash program in which a suburban Boston high school canceled all classes for the day and spent the entire day discussing drug abuse. "Two weeks later," he said, "two students who had just tried marijuana for the first time told me: 'We figured if it was worth calling off classes to talk about drugs for a whole day, it was certainly worth trying.'"

Looking at the problem from a somewhat deeper perspective, former New York City drug prevention official Martin Kotler says: "All too often emotionally charged drug information materials have had the unplanned effect of portraying the drug user as some kind of romantic protagonist who, single handedly, is fighting a battle to save himself against the ravages of a mysterious malady. The consequences, opposite of the intention, are the glamorization of drugs and the excitation, in some cases, of morbid pathology on the part of those who identify with the drug user. Often students subjected to this approach start to identify with the drug user and condone his activities--the manifestation of traditional American empathy for the underdog."

Perhaps the worst violators of drug abuse education overkill are films. In an extensive review of some 100 drug abuse films for the National Institute of Mental Health, the National Coordinating Council on Drug Abuse Education and Information branded 36 of the films as "contrived, exaggerated, inaccurate and unrealistic" and rated them as "scientifically unacceptable." And the Council warned that many of the others were inadequate. The panel of reviewers contained such diverse personalities as conservative journalist William Buckley, liberal actor-director Peter Fonda, and film critic Judith Crist, as well as drug experts, physicians, pharmacists, psychologists, educators, students and a former heroin addict. Fonda said the films "are directed at a very naive audience. Unfortunately, the drug culture is not as naive as the people who made the films." Buckley evaluated one of the films by saying: "I wouldn't show this to my dog." A former addict called the films "really horrendous...they don't have any value to any audience." Theodore J. Miller, associate editor of School Management magazine, wrote that films like those castigated by the panel of reviewers portray marijuana as "a black-caped demon rising from a pit of snakes"--a description that students just laugh at.

A New Source of 'Kicks': The 'Fruit Salad Party'

One of the most startling drug abuse procedures uncovered so far is the "fruit salad party." Young people take different kinds of pills out of the family medicine chest--tranquilizers, aspirin, barbiturates, heart pills, liver pills--and bring them to the "party." The pills all go into a bowl and everyone digs into the colorful mixture, grabs a handful and swallows them for kicks.

TV also comes in for its share of criticism. Robert Lewis Shayon, writing in Saturday Review, contends: "TV is having a holiday with a spate of drug abuse programs. Though they may distribute some minor insights that could prove socially useful, these programs, rather narrow in their frames of reference, are already redundant in their propaganda overkill. Teen-agers don't take them seriously, and they generally resent the failure of the establishment to make a distinction between marijuana, which they consider harmless, and the addictive, hard-line drugs such as cocaine and heroin."

Conversely, however, there is also a problem in the schools of underkill, where drug abuse education is taught as an afterthought, or not taught at all. Too many districts give drug education the superficial treatment, by bringing in speakers for an assembly or a class here or there, many observers believe. Consequently, most drug education programs are inadequate at best and often nonexistent, they claim. A typical example of underkill, according to Mary Beth Hilburn, drug abuse education consultant for the Alaska Dept. of Education, is when "films are shown to students who are released from their regular classrooms, herded together to watch the films, then returned to their classrooms, hopefully inoculated against 'it'--drug abuse."

Dr. Robert E. Gould, senior psychiatrist and chief of adolescent services at Bellevue-New York U. Medical Center, writing in PTA Magazine, got to the heart of the matter when he said: "Information on what is known and not known about drugs should be part of every youngster's education. Not to talk about drugs is a dangerous head-in-the-sand approach. It will not make the problem go away any more than offering sex education makes interest in sex go away. Failure to educate our young means that we force them to learn about drugs (or sex) elsewhere--from persons less likely to teach these subjects in a straight, undistorted manner."

The course, then, for drug abuse educators throughout the country is somewhere between overkill and underkill and into the stiff headwind of challenge hurled at them by critics like Sen. Harold Hughes, who said: "I have yet to come across a program that does more than scratch the surface of the problem. Most get the right reaction from students who would never be tempted to use drugs in the first place. But the users and the potential users are the ones we have to reach--and we're not doing it."

'Frere Jacques' Turns to Drugs

A Pennsylvania school bus driver was stunned when the words of that cute little lyric the elementary students were singing in the back suddenly became clear to him. To the tune of "Frere Jacques," the youngsters were singing: "Marijuana, Marijuana; LSD, LSD; Scientists make it, Teachers take it; Why can't we? Why can't we?"

"This does not mean that 7-year-olds are popping bennies and shooting horse," assures Pennsylvania Secy. of Education David H. Kurtzman, "but it does indicate word has drifted down from the older kids that drugs are fun. Youth is convinced that puffing a reefer is no worse than smoking cornsilk behind the barn."

SCHOOLS COUNTERATTACK—DEVELOP 'EFFECTIVE' PROGRAMS

Faced with the question of what to do about drug abuse education, many schools and school districts have taken the bull by the horns and have implemented effective programs to combat the drug problem. Yet, it must be reported that, generally, critics still hit hard at the lack of proper drug abuse education in the nation's schools. They say that unless schools and school districts wake up, and wake up soon, the drug menace may be all but unsolvable.

Education consultant Terry Beresford summed it up when she said: "Our present drug education, which is a euphemism for propaganda that adults hope will dissuade youth from drug use, is doomed to failure. As soon as children are old enough to see for themselves that the 'facts' given them by adults are partly or wholly untrue, and as soon as they are old enough to resent being told how to behave by adults who hardly know them, the peer-group propaganda becomes far more persuasive than that of the adult. The aim of education to teach children how to think and to arrive at good decisions for their own lives is nowhere more disastrously violated than in drug education courses, taught by inadequately trained teachers--usually physical education instructors--whose method is not the search for truth but indoctrination. Packaged programs in drug education are often used as teaching devices by teachers who are essentially unsympathetic to youth and unaware of their problems. A jumble of pamphlets, exhortations from former addicts, films and games are used without the necessary follow-up, which should be serious, honest, open discussions about the world, about adolescence and about drugs. Most teachers do not feel capable of leading such discussions and most students do not feel free enough within their classroom to participate in them.

"If we do not alter our approach from one of attempted indoctrination to one of genuine education in the drug area, we will find that our efforts continue to encourage rather than to deter youthful rebellion. And if we do not make a similar change throughout the education system in all areas of learning, we will soon find the generation gap too wide even to shout across."

John Ingersoll of the Federal Bureau of Narcotics contends: "There is a paucity of meaningful material available. The youngsters--even at the junior high level--often are more glib and may know far more about drugs than their teachers, and they certainly know more than their parents."

Yet, the schools have their defenders, too. "Principals and teachers in schools find themselves in the front line of a crisis. They must cope with a drug abuse problem they did not create. It is as if a regiment of soldiers are undergoing an attack without ammunition, supplies or communications, and are not even sure who the enemy is," says Martin Kotler.

School officials look at the problem as one involving not only the schools but the entire community. Dr. Jerry Lewis, chairman of the Citizens Advisory Committee on Drug Abuse for the Dallas Board of Education, emphasized in a report to the board: "We do not feel that the schools are responsible for the increasing abuse of drugs, nor that the total solution can be found within the educational system alone. Drug abuse is a people problem, and prevention programs must involve the total community in a coordinated effort."

Nathan Brown, former acting superintendent of the New York City public schools, concurred: "It is unrealistic to think that the school can resolve these problems unilaterally. What is needed is the cooperative effort of the home, the clergy, law enforcement authorities, public health agencies and, of course, the school."

U.S. Atty. Gen. John N. Mitchell sees the drug abuse problem as that of a generation gap. "In the drug area," he recently told the Federal Wives Forum, "the generation gap often consists of ignorance about drugs on the part of elders and illusions about drugs on the part of the youngsters. We are now trying," he added, "to close the gap from both directions." And so are the schools. Many school districts, working hard, finally, against the realities of the drug problem, even though many times reluctantly in the face of severe criticism, have begun to come to grips with the problem--particularly with the problem of the generation gap.

After extensive research into hundreds of such programs, this Education U.S.A. Special Report finds that the following facets are absolutely essential to any successful drug abuse education program:

A Program for Teachers

As has been documented by just about everyone connected with drug abuse education, teachers have an impossible task if the youngsters in their classroom know more about drugs than they do. Unfortunately, this is the case in literally thousands of classrooms throughout the country. And the problem gets infinitely worse if the teacher tries to "fake it" by passing off as fact either his own inaccurate suppositions or someone else's equally inaccurate information.

Many drug abuse authorities presently are working toward the day when a course in drug abuse would be required for teacher certification. However, since such a course is not now required, the following steps are recommended for school districts wishing to train their teachers in drug abuse education:

- Bring in the top consultants available, such as doctors, drug treatment officials and ex-addicts, to conduct inservice training for teachers during the school year.

- Inquire at area colleges and universities about summer training sessions for teachers in drug abuse education.

- Bring your wish for undergraduate teacher training in drug abuse education to the attention of area teacher training institutions.

Essential Components Listed—K-12

While teachers are being adequately trained to administer drug abuse education programs, another major problem faced by most school systems is putting together an effective program that the teachers can administer. Yet, with commitment, effective programs can be formulated. Research for this Special Report suggests that drug abuse education programs should have the following components:

Give the program top priority by establishing an office or at least an administrator in charge of drug abuse education. Too long, authorities complain, drug abuse education has been the stepchild of a health education or science education program, taught almost as an afterthought in the same breath with the "don't drink and don't smoke 'cause they'll stunt your growth" lecture. To overcome the syndrome, and to get a really meaningful drug abuse education project off the ground, someone with authority has to be put in charge and given the leeway to spend all his time working out, implementing and following through with a program.

Set up a drug abuse advisory committee. Invite parents, students, teachers, school officials, doctors, law enforcement officials, psychiatrists, psychologists, social workers and any others you consider pertinent, to chart a program for your school system. Drug use and abuse are community problems and the community must be involved in solving them.

Begin a drug abuse education program with kindergarten. As Dr. Martin Barr, dean of the College of Pharmacy at Wayne State U., contends: "Drug education should be kindergarten homework." If you don't begin to teach "drug respect" in kindergarten, he says, it may be too late to lecture on "drug abuse" in high school. "We'd have a much better grasp of the problem of drugs and youth today," Dr. Barr says, "if we had begun to teach children at a very young age" about the effects of drugs. Most drug abuse authorities suggest that while talk of drug addiction, hallucinations and such obviously are not kindergarten fare, respect for the human body and how it is affected by drugs from the medicine chest certainly should be taught.

Hardly a child enters kindergarten without knowing that aspirin will make a headache go away, that an injection from a needle can cure a sore throat or that a couple of spoonfuls of funny tasting medicine will get rid of a cough. Thus, most contend, that is the time to start talking frankly to youngsters about the effect of drugs. For it is in kindergarten, and even before, that youthful behavioral patterns are formed and that lessons learned are carried over into adolescent and teen years.

Involve youth in planning and conducting a drug abuse education program. Students today, particularly at the high school level, consider most drug programs as uninformative at best and hypocritical at worst. Drug educators have found that projects involving youth themselves are much more apt to bridge the generation gap and actually work than those put together strictly by adults. One of the principal ways of involving youth, and one of the ways that seems to have a high payoff, is the peer influence project. Such a program can be carried out in many ways. In Los Angeles, for instance, student body presidents from all the public senior high schools attended a weekend drug abuse

conference at a state hospital to get a firsthand look at drug abuse and to see its effect on youngsters their own age. They then made plans on how to combat the problem by working with students in their own schools.

In Philadelphia, students visit the courts, the police department, the district attorney's office, a local sanitarium, hospitals and other institutions, and then come back and work with their peers against drug abuse. In Phoenix, 1,000 high school students meet once a month with elementary school pupils to discuss the truth about drugs and to keep them from "turning on."

In New York City, high school students are working with the school system's Regional Center for Planning and Innovation to develop leadership for a student-to-student anti-drug campaign. The New York State Regents are using a big share ($600,000) of their $2 million drug education program on the ability and willingness of college students to go into the state's high schools to counsel youth against the use of drugs.

Use an interdisciplinary approach to drug abuse education. Integrate discussion about drugs into all areas of study. For example, some school districts have students break down the components of LSD in science class, discuss the social aspects of drug abuse in social studies class and the health angle in physical education class, and write papers on drug abuse in English class.

"The evidence suggests that teaching basic drug abuse prevention material within health, science, physical education, history and other established courses is superior to the addition of separate blocks of drug abuse prevention material," a committee on drug abuse reported to the Dallas school board.

Gear your program to people, rather than to drugs. Use a humanistic approach that focuses on why students take drugs in the first place, instead of continually trying to pound into students' heads all the terrible things that happen after the drugs are taken. Most students already know that.

The report of the I/D/E/A national seminar on high school students and drugs says: "Youngsters need to be taught something about the psychology of what causes them to hurt themselves, whether it be suicide, alcohol, reckless driving or drugs."

The Dallas committee on drug abuse came to the same conclusion. It recommended: "Although the full presentation of factual material regarding the medical, legal and pharmacological aspects of drug abuse is important and necessary, the major emphasis should be placed upon the underlying psychological processes leading to drug dependency. Concepts such as personal responsibility, emotional maturity, the normal developmental sequence, physical and psychological reactions to stress, the recognition of basic feelings, positive and negative group processes and goals, and similar factors should receive primary attention. In effect, the committee recommends that, in addition to factual drug abuse material, there should be a major emphasis on the teaching of personal adjustment."

Dr. Marvin R. Levy, director of the Drug Abuse Education Project for the National Institute of Mental Health, concurs. "The drug program should exam-

ine societal conditions that promote drug use and abuse," he says. "Drugs per se are not the issue; rather, the issue is why people use them. The intent should be upon an examination of decision making in such a way that the individual becomes more aware of the factors that influence his decisions. Central to the success of the instructional program is the school setting which encourages an acceptance of all children and an understanding of their individual needs which, when frustrated, may lead to drug abuse."

Be flexible. Students and their attitudes toward drugs differ greatly from one area to another and even from one school to another. Therefore, no one set program can be looked on as a panacea. Any given program may work beautifully in one school and fall flat in another. Sen. Hughes told the I/D/E/A seminar: "Too often we try to push an idea on the entire system just because it worked in one instance. We have a hundred different programs, and any one of them will work for some people but not one of them will work for all people."

And seminar participants agreed "on the need for a diversity of programs to deal with the problem. For example, the student who would not use drugs anyway is satisfied with an authoritative lecture. The habitual user, however, needs small-group or individual counseling with a substitute parent image he can identify with in order to talk out his problems."

Provide students with accurate, unexaggerated, down-to-earth facts on drugs and drug abuse. The ineffectiveness of such overkill techniques as scare films and stories of marijuana addiction already have been documented in this Special Report, but the point must be emphasized again: Teen-agers are demanding, and they are entitled to, honest and accurate answers. Given straight facts, they usually respond. Given distorted facts, they usually laugh. Worse yet, an attitude of distrust and suspicion is generated, making the teacher's task all but impossible.

In offering helpful hints to teachers on the do's and don'ts of drug abuse education, Educate magazine (Gellert Publishing Corp., 33 W. 60th St., NYC 10023) makes the following recommendations:

- Don't exaggerate. Give the students facts. Heroin withdrawals can be much less painful than those caused by alcohol and barbiturates, and students will eventually find this out, whether you tell them or not.

- Do make sure the printed material you distribute is up to the students' level of intelligence. The numerous "cute" little cartoon pamphlets that moralize and exaggerate may be fine for elementary students, but they are useless even at the junior high level. If you must hand out material, make certain it is valid. Obtain reprints from science journals. Hand out copies of government drug acts.

- Don't moralize. To the younger generation, the use of drugs seems glamorous and exciting. Facts themselves are a great tool for breaking down this glamor, but the students will still have to decide for themselves when the occasion to use drugs arises.

- Create an open classroom atmosphere. Don't just lecture. Encourage discussions. Prompt students to correct you if you are wrong or to

question your sources. Ask them what they think about drugs; don't tell them. A drug education teacher must also act as a counsel and as a friend.

Provide students with alternatives to taking drugs. Show them there are ways other than drugs to "turn on." The Dallas committee recommended: "In later grades, one part of the program should be the presentation of healthy alternatives to drug-induced intoxication."

The committee listed a wide range of nonchemical activities which offer young people the opportunity for meaningful interpersonal relationships, enduring values and inner experience. "Such activities include reliance upon the development of inner discipline, artistic expression, meditation, humanistic psychology and religious experiences."

Allan Y. Cohen, a Berkeley, Calif., psychologist and former assistant to Harvard Prof. Timothy Leary, writing in Compact magazine, said that providing alternatives is "most crucial." He stated flatly: "The provision of more nonchemical alternatives is the key to removing the cause of drug abuse. I believe," he said, "that young people intuitively wish to get 'turned on' in constructive ways. But they are not consistently exposed to alternatives which could improve the quality of life experience, induce personal satisfaction and encourage positive self-improvement."

What is needed, Cohen contends, is the development of programs offering exposure to alternatives "in all the motivational areas behind drug abuse: physical, emotional, interpersonal, political, creative, intellectual and spiritual." Students, he said, should be exposed to nonchemical alternatives "ranging from music to athletics to group counseling to mysticism.

"On the basis of my own research experiences," he said, "I must conclude that one dollar spent on developing alternatives is worth $20 spent on good anti-drug propaganda and $500 spent on prosecuting drug experimenters."

Continuous Evaluation—A Must

Research shows that one thing most drug abuse educators agree on is that a continuous evaluation must be built into any school district drug program. The drug scene fluctuates like clothing styles. What the pupils consider "in" this year in drugs may be "out" next year. A program that students themselves have designed and appears to be working right now may fail miserably next year.

And the best kind of evaluation, most agree, is a mechanism for continual feedback from students, parents, teachers and community. It could be a formal yearly survey. It could be a series of frank, round-table discussions. It could be constructive criticism from a team of outside, independent drug educators. Whatever it is, the evaluation must ask the question: "Are we getting through to the students?"

If the answer comes back "no," then it's time, right then and there, for a school system to retool its drug abuse education program into a more viable instrument.

MODEL PROJECTS

Although the different needs of different school systems makes it difficult to pick out model anti-drug projects from the thousands offered throughout the country, some programs are singled out by authorities as being among the most successful. These include programs offered in Stamford, Conn.; Glen Cove, N.Y.; Baltimore, Md.; and Laredo, Tex. The National Clearinghouse for Drug Abuse Information also singles out seven other drug abuse education programs and makes their curricula available through the U.S. Govt. Printing Office, Washington, D.C. These are Baltimore County, Md.; Flagstaff, Ariz.; Great Falls, Mont.; New York State Dept. of Education; San Francisco, Calif.; South Bay Union School District, Imperial Beach, Calif.; and Tacoma, Wash.

Stamford, Conn.

Stamford was one of the first school systems to mount a full attack on the problem of drug abuse. To date, its Drug Abuse Curriculum Guide has been requested by most Connecticut schools and by schools in 48 other states, the District of Columbia, Puerto Rico, the Virgin Islands and 13 foreign countries.

As described by author Frank W. Chinnock in his book, The Nightmare Route: The Truth About Drugs in Suburbia, and in an article he wrote for the Ladies Home Journal, the Stamford approach is essentially behavioral. The Stamford curriculum guide states: "Drug abuse is an act, a behavior, and as such it should be fully investigated and understood by the students. The reasons for one's actions, therefore, should become an important part of drug education, with its focal point being an understanding and appreciation of the self. Few adolescents will turn to drugs if they can truly and confidently answer the following questions: Who am I? What am I? Where am I going? Do I like myself?

"This, then, is the rationale for the behavioral approach to drug education. Its success, however, will depend to a large extent upon the teacher and his ability to create an atmosphere in the classroom that will promote open discussion and expression of thoughts and ideas. For only in this manner can the student feel free to look into himself and bring out into the open the conflicts or problems with which he must struggle. The objectives stated in the guide," Chinnock writes, "constantly stress the individual act, the individual decision--contrary to the all too prevalent reaction to group pressure." The Stamford program focuses not only on the physical effects of drugs but also on the student's social and emotional attitude. One of the main thrusts of the program is to have the drug user answer the question, as Chinnock puts it: "What does it do for me and why do I do it?"

The guide adds: "Punitive measures have not been successful with children. It is time for education to come up with plans. Teachers are in a particularly good position to encourage parents, students and the community to remain levelheaded about drug abuse. They can encourage an atmosphere in which the student feels free to confide in teachers and parents and to discuss his concerns."

The curriculum stresses the relationship between emotions and physical effects. Chinnock writes: "It explains how the body is affected by emotions and why it is so important that young people explore nondestructive ways to cope with feelings of worry, jealousy, fear and rage." Such nondestructive alternatives would be the open discussion of negative feelings and "channeling explosive emotions into sports and social activities.... Adolescence is a turbulent stage of life. Teen-agers are striving to develop from dependence to independence, to gain individual identity, and to reach out socially into a world of changing values, standards and modes of behavior. Most educators and medical authorities agree that helping the teen-ager develop a well adjusted personality is basic to prevention of drug abuse. Studies have repeatedly shown that the person who succumbs to abuse feels insecure, unrecognized and unhappy."

The Stamford program emphasizes negative responses to common problems, such as making excuses, placing the blame on others, daydreams, fighting, rebellion, hostility, and most dangerous of all, drugs. "Those who fail to develop positive problem-solving techniques," Chinnock says, "may resort to crutches, one of which is physical or psychological dependence on drugs."

Under the Stamford program, specially trained teachers give high school students extensive, rational and realistic information about drugs. Students involved with drugs are urged to ask for help, and once they do they are involved in discussions with psychologists or psychiatrists, their parents and school officials. Perhaps the guide sums up the entire Stamford approach best when it says: "This guide was written to help you, the teacher, present the facts through increased knowledge; to aid in closing the communications gap between generations; and lastly, but significantly, to help the student increase his understanding of our world and its problems. Life with a purpose can be both a pleasurable and a rewarding experience without using artificial devices--if one is willing to face up to it."

Glen Cove, N.Y.

The Glen Cove program's inception and implementation involved everyone from the town mayor and public safety commissioner to a 22-year-old rehabilitated addict hired as a consultant by the school district. An 18-member commission, including the mayor, school administrators, police officials, students and a doctor, was formed to tackle the drug abuse problem. The commission involved the student body, churches, businessmen, law enforcement agencies, medical people and community organizations in its deliberations. It came up with a drug abuse education program similar in thrust to the Stamford approach--emphasizing responsible student behavior, decision making in the face of unpleasant situations, and plenty of frank, open classroom discussion--but with an important addition.

That addition was a parental program of drug education for toddlers in the prekindergarten years. Mrs. Rose M. Daniels, a staff member of the Glen Cove Public Schools, explained the program at the annual meeting of the American School Health Assn. in Philadelphia. "We believe that children entering kindergarten have already had five years of drug education that began the day they were born into our drug-oriented society," said Mrs. Daniels. Taking this into account, the Glen Cove School District holds an annual prekindergarten parent orientation meeting, she said, at which time it is strongly pointed out to parents "that the time to become concerned about the teen-age drug problem is now, before their child ever enters school."

Preschoolers, she said, are quick to learn about drugs at home, either through observing and imitating the attitudes and practices of adults, or via TV. "Someone has figured," she said, "that a child entering kindergarten, with average TV viewing habits, has already spent more hours in front of a TV set than will be spent later on in a college classroom earning a bachelor's degree." A 30-second TV drug commercial, Mrs. Daniels contended, requires the talents of 12-15 people and from six to eight weeks of preparation before it even gets on television. "What," she asked, "is the influence of these 30-second brainwashings on the future decisions of our girls and boys?"

Faced with reality, she said, it is extremely important that children be taught in the home to understand and respect drugs "well in advance of the age at which they might find themselves in a critical decision-making position."

Laredo, Tex.

Another drug abuse education program that has gained wide recognition, including a nationwide Walter Cronkite news special on CBS-TV, is the one developed with USOE research funds in Laredo, Tex. Laredo, like Glen Cove, took a citizens committee approach to developing a program. Working in conjunction with consultants, physicians, research pharmacists, city officials and law enforcement officers, and aided by a $9,000 federal grant, Laredo school officials put together the country's first comprehensive K-12 drug abuse education program. The program, keyed to an interdisciplinary approach, is described in a massive, step-by-step, 440-page course guide: The Use, Misuse, and Abuse of Drugs and Narcotics.

A Source of Information: 301-496-7171

Need information about drug abuse? All you have to do is call (301) 496-7171 any time of the day or night. You'll get the National Clearinghouse for Drug Abuse Education, established by the National Institute of Mental Health (NIMH) to act as a federal focal point for drug abuse education. The clearinghouse is described by Bertram Brown, NIMH director, as a "one-stop store of information which must be put into the hands of parents, students, teachers, law enforcement officers, community leaders and all citizens concerned with the problem." Inquiries can be mailed to the clearinghouse at Box 1701, Washington, D.C. 20013.

Under the interdisciplinary thrust, drug abuse education was woven into Laredo's existing curriculum in all subject areas, taking children right from kindergarten through grade 12, beginning with the family medicine chest and good health habits and ending with discussion of drug use and abuse, types of drugs, drug laws and social influences.

All Texas school districts are required to develop a drug education plan, and the Laredo plan has been made available to them by the Texas Education Agency. They may copy the plan or use it as a model for their own program. The plan has also been distributed to all regional service centers in Texas, and they are using it as a model for other drug education programs.

Baltimore, Md.

Baltimore has also used a K-12 approach with still another slant: that of involving all school employes--not just educators--in the battle against drug abuse. The program was designed to reach every staff member, including janitors, cafeteria workers and all other noninstructional personnel.

Faculty teams, which included students, were set up in every Baltimore school to participate in workshops with experts in drug problems and to return to their individual schools to educate students and all employes, from the janitorial staff to the principal. The program, according to Elra M. Palmer, a science supervisor who was involved in its formulation, "is not intended to preach or scare. We just say to the students, 'Here is the situation. Whether you're going to use drugs is your decision.'"

Programs To Meet Special Local Needs

While school systems throughout the country are struggling to come up with effective, comprehensive drug abuse education programs, specially oriented programs, geared to meet the particular needs of various communities, have been developed in big cities and small towns alike.

In New York, Mayor John Lindsay, in cooperation with the board of education, opened the nation's first public school that will seek to rehabilitate former addicts while they continue their high school education. Called the Alpha School and located in what had once been a two-story milk plant, it will house 60 students, most of them high school dropouts. The students will spend a year in the school, taking equivalent high school work and receiving intensive counseling, before returning to their regular school with credit for the work they did at Alpha. Once back to their regular surroundings, the Alpha students will also counsel their peers about the dangers of drug abuse.

The New York City public schools also have instituted extensive educational programs within many of the city's narcotics treatment centers, including Daytop Village, Odyssey House, Lagos, city hospitals and prisons, and on Hart Island. The programs involve high school equivalency diplomas, remedial reading and math, counseling toward returning to school, a "college discovery" project and vocational guidance aimed at developing salable skills and obtaining jobs after rehabilitation.

In San Francisco, school officials, in cooperation with the city's health department, have set up four experimental high school "crash pads," where students can get treatment for the effects of drug abuse right in the school. The pilot project was instituted when school and health officials found that the drug problem was so severe in San Francisco that existing community emergency facilities were not able to keep up with the demand for treatment of drug abuse by secondary school pupils.

The project was proposed by Dr. J. M. Stubbelbine, program chief of San Francisco's Community Mental Health Services, as a means to save the lives and promote the health of students showing toxic effects of drug abuse, and to redirect students to seek alternatives to drugs. The proposal was accepted by the board, and the cost--$115,000--was put up by the city's health department. The crash pad is staffed by a psychiatric orderly, a registered nurse, two student aides, a doctor part time and a psychiatric social worker part time. Equipment includes beds, chairs, desks and a quiet room where students and counselors can talk about the drug problem.

John Freeman, a teacher at San Francisco's Balboa High School who spends much time at the school's crash pad working with students, summed up the program by telling a reporter from School Management magazine: "We realize you don't fight drug abuse by sending stoned kids to a special room for a magic pink pill that brings them down. What we need is a rap center, where kids can get accurate drug information, with no moralizing and relatively little judging; where they can talk about personal problems with other students, social workers or teachers--and feel safe doing it."

Another weapon in the war against drug abuse is the storefront counseling center. One of the most successful is located in Spartanburg, S.C. Called STAND (Students Talk About Narcotics Danger), the center is funded by contributions from local businesses. All counseling is done by students who come from junior and senior high schools around the country. They answer telephone calls, distribute literature, provide confidential counseling and arrange treatment for students who request it through the services of three Spartanburg doctors who are on emergency call at all times to the center.

Still another popular drug abuse project is the "hot line" telephone counseling service, staffed by knowledgeable volunteers (often former drug users) who answer questions, offer counsel or just lend a sympathetic ear to the caller. According to The Wall Street Journal, there are some 20 anti-drug hot line telephone operations in the Boston area alone. One typical operation is the Wellesley-Weston Hot Line, Inc., operating in a suburban area just outside of Boston. It was set up by the Unitarian Church, concerned citizens in Wellesley and the drug commission in neighboring Weston. Hot line volunteers receive six weeks' training by professional medical and social workers. Besides giving advice, they're also trained to refer callers to appropriate social, legal and medical agencies.

In Lakewood, Ohio, a hot line called Connection operates out of a teen-age drop-in center in the basement of a YMCA-YWCA. Some 30 to 40 teen-agers gather there just about every night to talk about their drug-related problems and to get help if necessary. Some of the youths operate the hot line after they have been cleared by the center's founder, Joyce Smith, a county juvenile court

probation officer. In Medford, N.J., a group of Lenape Regional High School students and a guidance counselor, Mrs. Joan Kazin, call their hot line ALFY (Anonymous Listening for You). Similar operations are springing up more and more as officials realize that a youth-to-youth approach is usually the most effective in the fight against drug abuse.

Just about every effective hot line is manned by young people, usually young people who have experienced drugs and have shaken the habit. As The Wall Street Journal put it: "Talks with teen-agers emphasize one of the most striking aspects of the teen-age drug culture--the great sympathy and understanding that young drug users frequently exhibit toward one another. The youngsters distrust established authority, and they say they have few elders they are willing to turn to. What they really prefer, they say, is to help one another."

Yet, adults, particularly parents, can and must be involved in drug prevention programs. And one particularly effective way might be to follow the format of the "Speakout" program in Westfield, N.J., where parents and students sit down together weekly in small groups to discuss the generation gap problem in many areas, including drugs. At Speakout sessions, each generation is free to confront the other with questions and opinions. School Management magazine describes the program's success: "The group devoted exclusively to drugs has apparently helped adults understand the connections that students make between marijuana and alcohol and has helped foster a calmer, more reasoned approach to the problem by parents. Students, on the other hand, have had opportunities to examine the fears of adults about the drug scene. Speakout sessions attract both drug users and non-users and sometimes result in minor group therapy, as each generation learns something about the other."

Another project involving both students and adults is the DEAN (Deputy Educators Against Narcotics) program set up by William Cahn, Nassau County, N.Y., district attorney. Teen-agers join from several school districts and attend monthly meetings, usually in the district attorney's office, at which they learn the legal and medical aspects of narcotics abuse. They also visit treatment centers to talk with addicts. The end effect is still student-to-student, however, as the DEAN members return to their individual schools armed with knowledge about drug abuse that they can share with their peers. Another such project took place in Carson City, Nev., where 23 deputy sheriffs joined with eighth and ninth graders in Carson City Junior High School for a four-week, 20-hour drug abuse course called Drug Decision. Adults and students learned side by side, fostering respect for each other and helping to build a bridge across the generation gap. Using gaming and simulation techniques, along with a 450-page text and two hours of color films, Drug Decision avoided the preaching approach, focusing instead on the fact that the student, armed with the proper facts and knowledge, must make his own decision when it comes to drugs.

On a different tack, drug abuse education has invaded the staid old Museum of the City of New York. Contending that the museum must be more than "just a mirror to the past," its director, Joseph Veach Noble, opened the museum to an exhibit on drug abuse financed by a $65,000 grant from the New York State Narcotic Addiction Control Commission. The photo-mural display hits hard with huge pictures of addicts, pushers, bored students and urban

Humanizing Drug Education: Getting a Pupil's View

Perhaps nowhere has the need to humanize drug education been pointed out more graphically than at Adelphi U. in Garden City, N.Y., where Dr. Gerald Edwards conducted one of the U.S. Office of Education-sponsored training courses for teachers of drug abuse education. The teachers were put at tables piled high with Tinkertoys and told to create anything they pleased. Soon, laughing and relaxed, they fashioned all sorts of creative models. Suddenly, they were told to break down their original works and follow a long tedious list of monotonous instructions, by which everyone in the room built exactly the same structure. It wasn't long before the teachers became restless, bored, talkative and downright angry. "Now," Dr. Edwards told the teachers as he broke off the exercise in futility, "you have gone through what all the kids in the country go through in their classrooms every day."

poverty and despair, plus three actual coffins. "No exhibit will cure a drug addict," Noble concedes, "but perhaps this will dissuade some from experimenting, or stop them from escalating what they've already started."

There's also a candy campaign against drug abuse, using bags of Marehwana Munchies with cards attached, reading "Keep off the 'grass'! You can turn on by digging music, being with someone you love, or just seeing the beautiful parts of life. Spend a moment and think about it. If you still need something for 'pep' take one of these." The agency distributing the munchies in New York, Boston and Philadephia is ADVICE (Anti-Drug Abuse Vital Information and Communications Exchange) of New York City. Michael Shulman, executive director of ADVICE, explains that it has been a major problem to get non-users to try to convince users to stop, or to get potential users to abandon the idea--simply because it wouldn't be the "in" thing to do. With munchies, Shulman said, ADVICE is attempting to turn the attitude around and make it an "in" thing to help a friend turn off drug use. "We think," Shulman says, "that the novelty of this idea can open up untold new ways to say to someone you care about that you're upset by what's happening to them from drugs."

Another approach is that of a mobile van, set up by the National Institute of Mental Health (NIMH), to visit shopping centers in the Washington, D.C., area to bring the war aginst drug abuse to the people. The van features free literature and short films, and is staffed by NIMH personnel.

Television: An Emerging Force

An emerging force in the fight against drug abuse is television, particularly public television. The most extensive use of TV so far has been the three-pronged, $500,000 attack by the Corp. for Public Broadcasting, which, through its Public Broadcasting Service, put together a national series for the general public, another for inservice teacher training and a third for junior high school pupils.

The first series, called "The Turned On Crisis," shown by 200 public television stations, carried such offerings as: "High Is Not Very Far Off the Ground," using psychodrama and debates between youths and adults and between the medical and the legal professions on the morality of hard and soft drug use; "To Keep It, You Have To Give It Away," exploring the work of rehabilitation centers; "The Shade of a Toothpick," examining approaches to drug prevention in the streets and in the schools; and "Say What We Feel, Not What We Ought To Say," using vignettes about a community's approach to solving the drug problem.

The second series, "Because We Care," a six-part project, aimed its message primarily at teachers, administrators and school board members. It explored the drug problem and the necessity for effective drug education programs.

The third series, scheduled for showing in the fall of 1971, consists of six 20-minute programs designed to provoke classroom discussion in the 7th, 8th and 9th grades on the use of drugs. The series will look at drug abuse, the law and the students themselves in vignettes that show how constructive personal decisions can be made.

The New York State Education Dept. uses statewide public television to broadcast conferences on successful methods of combating drugs. The conferences bring together teachers and students to share informally their experiences in drug use and abuse. All parents, teachers, administrators, students, board members and community leaders throughout the state are urged by the state department to watch the programs. In Maryland, the State Dept. of Education also uses statewide TV, broadcasting 11 half-hour programs aimed at training teachers in drug abuse education. Parents and students are urged to watch the programs.

In New York City, school officials use both television and radio in their drug abuse programs. Teacher training workshops in more than 50 schools at a time are keyed to a series called "Drugs, A Primer for Teachers," broadcast twice a week by the school district's own UHF television outlet. Using its own radio station, the New York City schools broadcast a series of radio programs for pupils in grades 4-6, exploring problems young people face in a drug culture. Students were asked to send their questions on drugs to the station. School officials received more than 6,000 letters, and the series' initial five-program format was doubled immediately.

ESTABLISHING A POLICY FOR DEALING WITH DRUG USERS

One of the prime prerequisites for instituting an effective program to combat drug abuse in the schools is the establishment of a clear and concise policy for dealing with drug offenders. Most officials working with the problem, whether they be educators, law enforcement personnel, community agency workers or government representatives, agree that an inconsistent, vacillating, wishy-washy approach to policy making in this area exacerbates the problem considerably.

When a teacher is unsure about what to do with a suspected or real drug user in his classroom (i.e., whether to call a nurse, a counselor, a parent or a policeman), research for this report has shown that more than likely he does nothing. He figures that if the school board doesn't care enough to give him guidelines about what to do in a situation like this, he should not stick his neck out and get involved. Thus, the drug problem flourishes.

That's not to say local school systems should necessarily "crack down" on anyone who looks "suspicious." Most of the school districts with effective guidelines take a much more lenient, communicative, humanistic approach toward drug users--based on bridging the generation gap by establishing open lines of communication and bonds of trust between student and teacher. But the fact remains that this type of communications process doesn't just happen. It is formulated as part of an intensive, organized effort to confront the drug problem.

In short, the school decision makers (e.g., board, superintendent) must confer with teachers, students, community, and health and law enforcement officials and take a definite stand on what to do with the drug user. It won't be easy. Opinions on what to do vary widely. Emotions on the subject run high. But with every month of vacillation on the question, the problem in most school systems gets worse.

Policies for dealing with drug users differ drastically--from immediate suspension or expulsion, and possibly arrest, in such suburban school systems as Montgomery County, Md., and Cheltenham, in Montgomery County, Pa., to the establishment of crash pads in San Francisco schools and a special high school for drug users in New York City.

The case against a hard line is argued by many, including John Finlator of the U.S. Dept. of Justice's Bureau of Narcotics and Dangerous Drugs. He says that youth taking drugs are "calling for help." It is "a call we can no longer ignore." And he adds: "Whatever their reasons--and there are many--for involvement in the drug scene, they need a place in the adult world for full and open discussion of their many problems. When they are fortunate enough to

reach into the adult world and find an understanding and knowledgeable person, there is nothing, absolutely nothing, they will refrain from discussing openly."

Another argument used by many against expulsion and arrest is that if such a policy were enforced nationwide, literally millions of high school students who use drugs would be deprived of an education and there simply would not be enough courtroom space to try them or jails to hold them. But the main argument used against a hard line is still that it treats the symptom, rather than the cause, and makes rehabilitation more difficult.

An article in the magazine, Media and Methods, sums it up this way: "In at least one school district, I have had the unfortunate experience of finding a policy which prevented any potentially meaningful exchange between students and faculty concerning drug issues. In that district, any student suspected of using drugs, whether on or off campus was suspended automatically, without any appeal.... The obvious consequence of such a policy is distrust, suspicion and withdrawal. All educative efforts were viewed as propagandistic and repressive."

The case for a hard line is also being strongly voiced. One of its chief advocates is Malcolm Lawrence, chairman of the War on Narcotics League of Montgomery County, Md. To contentions that drug taking is a sign of weakness or sickness, or a call for help, he replies: "Hogwash!"

He describes the school officials, psychiatrists, social workers and others who would take a soft approach to the handling of student drug users as part of the "dripping compassion syndrome." His solution is simple: Stamp out drugs and drug pushers and there won't be any more drug problem. Students use drugs, he contends, "simply because they are there. You either use drugs or you don't. The deep-seated reasons don't intrigue me. They don't interest me one bit." Society, he charges, doesn't have the time, the money or the personnel to begin to unravel everyone's reasons for taking drugs. Instead, strong preventive measures are necessary, even if it means giving the boot to students carrying drugs onto high school campuses.

Another proponent of a firm stand against student drug users, particularly students who sell drugs to others, is Forbes Bottomly, superintendent of schools in Seattle, Wash., who says: "It is earnestly hoped that the educational programs developed to deal with drug abuse will help, but the seller of drugs is least likely to be influenced by a drug education program. It is extremely difficult for the police to apprehend the drug seller...if they

Pupils Create Anti-Drug Symbol

In Albuquerque, N.M., Cleveland Junior High School students have turned the ubiquitous three-pronged peace symbol into a symbol against drug abuse. Five students at the school designed an orange and black version of the univeral peace symbol, with the inscription: "Work for Peace, Not Drugs." An Albuquerque printing firm produced thousands of stickers bearing the insignia, and school's students are displaying them everywhere in a personal protest against drug use and abuse.

do not have access to the marketplace and, sadly enough, every high school in the area is potentially a marketplace." And schools, he adds, "cannot be sanctuaries for illegal drug use."

Most school officials agree that a hard line should be taken against pushers who make a living supplying drugs to youngsters, but many also feel that less severe treatment should be meted out to the student who only uses drugs. Typical of this more moderate line is the recommendation of the citizens drug committee to the Dallas Board of Education that students arrested for student drug sales be suspended, but those arrested for first-offense possession be allowed to stay in school. The first offender, the committee said, "should not be suspended if he and his family agree to fulfill certain conditions," including participation in a rehabilitation program. However, the committee recommended that pushers and second-time offenders for possession be suspended "until there is adequate evidence of rehabilitation."

Another aspect of school system policy on drug users and abusers that must be dealt with is whether or not to permit undercover policemen into the schools to search for drug traffic. Many school systems do, but in widely varying ways. One operation that eventually proved particularly successful began with a storm of controversy in Seattle. The Seattle Police Dept., without the knowledge of school officials, enrolled in a city high school a 19-year-old police cadet posing as a transfer student from Montana. Within two months, five adults and nine juveniles had been arrested for illegal use of drugs. Seattle school officials objected strongly when the unilateral police action was uncovered, but they worked with the police to develop an undercover plan satisfactory to the school system. It was agreed that only police cadets would be used, that the investigative work would be concentrated on sellers--not buyers--and that school administrators would be kept informed of future operations. Cadets then were assigned to two more high schools, and within two months another 18 juveniles and 11 adults had been arrested. The operation has met with considerably favorable public response. As one PTA official put it after the original police action had been discovered at his high school: "Most parents would prefer an undercover agent to a dope pusher sitting in class with their children."

In Baltimore, however, school officials were somewhat more upset when it was revealed that the police department was using student informers, recruited by the school system's own security guards, to "set up" drug purchases from other students and then reveal the information to police. Officials moved quickly to discourage the practice, which led to harrassment of the informers once they were found out by other students. One 14-year-old girl informer had to be transferred to another school for her own safety. Yet, the operation was extremely successful from the police department's point of view. Some 50 juveniles and 10 adults were arrested as the result of six weeks' work at four schools.

The New York City schools and the police department have worked out a cooperative program whereby young undercover policemen register like any new students at a school, attend classes, take part in other school activities and seek out and arrest drug pushers. When the mission is completed, they withdraw quietly from the school. In one school, a heroin ring was broken up with eight arrests.

In Evanston, Ill., there's a policeman in one of the city's junior high schools. Yet, he's anything but undercover. He wears civilian clothes, but all the students know he's a policeman. His name is Kip MacMillan, and he's in school to help youngsters with the drug problem, not to arrest them. The pusher will still find himself booked and charged in a hurry, but the young student with a drug problem is much more apt to get MacMillan's reassuring arm around his shoulder--and a good, heart-to-heart discussion of the whole drug scene--instead of a quick trip to the police station. "I don't think that law enforcement alone is the answer," he says. "I don't think education is the answer. There needs to be more." And that "more," he contends, is an understanding adult--whether it be a parent, teacher or policeman--to work closely with the student and help him over the rough spots of growing up.

But all police departments don't necessarily see things the way Evanston does; nor, for that matter, can they, since each community is faced with its own particular problems and needs. So more and more school systems will be facing requests for police undercover agents in the schools as the drug abuse epidemic continues to spread.

Perhaps the best advice on handling such a request is summed up by columnist Herb Robinson, writing in The Seattle Times, when he says: "Among certain types of youngsters, a belief that police spies may be operating in their midst could produce attitudes of tension and mistrust that are out of place in a school setting. And there is an undoubted repugnance attached to the notion that the schools must be accomplices to any kind of spying by police or other government agencies. What the present situation seems to boil down to is a need for careful judgment on a case-by-case basis, weighing the severity of the drug problem in a given school against the potentially damaging implications of undercover procedures. Police must proceed with sensitivity and restraint, recognizing that indiscriminate undercover work could produce problems as distasteful as the one they seek to curb. The basic test should be whether an undercover operation is held out as a last resort for drug situations that cannot be handled by other means."

One "other means" stressed by John Finlator is to make sure, by law, that school counselors can be trusted by students to keep information on personal drug use confidential. In a hard-hitting talk at the 1971 convention of the American Assn. of School Administrators, Finlator asked: "Can we not construct within our school hierarchy a resource person or persons with whom our young people can discuss their own personal involvement with drugs and seek guidance and counseling without fear of being 'squealed on'?" He added: "As we stand today, the school counselor can be trusted by the student in many areas. Unfortunately, this trust dissipates when the question of drugs arises, for the student is well aware that the counselor may be forced 'to tell someone else' about his involvement. We should seriously consider giving our school officials and our counselors the legal right of privileged communication, especially in drug abuse matters."

The only universally recognized privileged communication, Finlator said, is between an attorney and his client. Many states, he pointed out, have expanded the scope of privilege to include confidential communications between priest and penitent, husband and wife, accountant and client, and

doctor and patient. Yet, he added, only five states--Michigan, Nebraska, Iowa, Indiana and Connecticut--include school counselors and students. The Connecticut law, passed in mid-1971, protects private conversations between any "professional employe" of a school district and students. The law requires employes to turn over to authorities any physical evidence of drug or alcohol abuse, but they are not impelled to identify the student involved.

Finlator contends that "one of the most neglected areas in counselor education is the law and its relationship to the provision for the school counselor. Many counselors who are aware of the legal implications of their actions are frequently forced to make a moral judgment between breaking a confidence to protect themselves and maintaining a confidence at the risk of court action." By removing the risk, he concludes, much more effective communications between the drug user and his counselor would be fostered, and many students who now turn to a life of drug addiction, instead of to a trusted adult, could be saved.

How To Spot Drug Users

Once a policy for dealing with drug users has been established, teachers and other school employes must be taught how to spot them. Although some short-term users show little or no symptoms, there are a number of telltale signs of drug use. These were pointed out in It Starts in the Classroom newsletter, published by the National School Public Relations Assn.:

- Changes in school attendance, discipline, grades.
- Change in the character of homework turned in.
- Unusual flare-ups or outbreaks of temper.
- Poor physical appearance.
- Extensive use of sunglasses to hide dilated or constricted pupils or red eyes.
- Long-sleeved shirts worn constantly, even in warm weather. (They may be worn to hide needle marks.)

Obligatory Urinalysis?

One of the latest proposals for dealing with drug abuse is that high school students and even teachers should undergo obligatory urinalysis as a means of detection. Dr. Judianne Densen-Gerber, director of New York City's Odyssey House drug treatment center, is all for it. "If we accept addiction as a disease," she said, "then we are going to have to test for it. I suppose constitutional issues will be raised, but I believe that the common good will overrule such objections as it did in the case of smallpox."

- Finding the student in odd places during the day, such as closets, storage rooms, etc. (The youngster could be there to take drugs.)
- Poor coordination; appearance of intoxication.
- Slurred speech; irregular breathing.
- Harsh, sweet odor, like burnt rope or dried grasses, in clothing or room.
- Possession of a leafy substance similar to oregano.
- Radical changes in behavior: nervous, irritable, and argumentative or slow and lethargic.
- Depression; questioning of social values.
- Excited, boundless energy; unusually talkative and active.

However, "teachers, parents and other observers must never assume that a student who displays a symptom characteristic of a drug user is actually using drugs," warns Education Colorado, a publication of the Colorado State Dept. of Education. "The suspected drug user may be ill and in need of medication. If he is taking medication, the drug prescribed for him may produce the same symptoms exhibited by the drug abuser. In addition, a person's behavior--sometimes depressed, sometimes gay--may be only an emotional reaction to some experience or news that made him feel moody or excited." A teacher who suspects a student of taking drugs should consult the proper school resource person--counselor, nurse, vice principal--about what to do, authorities advise. Most of all, teachers should be advised to avoid panic, since a panic reaction can serve only to further alienate the student and to confuse what should be a straightforward, objective and professional action.

Teachers Have 'Hang-Ups' Too

Spotting and dealing with drug users, as well as developing curriculum to deal with drug abuse in the classroom, should be principal parts of teacher workshops on drugs.

"Teachers, like the rest of us, have 'hang-ups' that make it difficult for them to easily discuss drugs and their abuse with their students," says Robert C. Petersen, chief of the Center for Studies of Narcotic and Drug Abuse, National Institute of Mental Health (NIMH). Therefore, he adds, drug abuse workshops for teachers must be set up to eliminate these kinds of attitudes which are based on often misleading stereotypes.

Some nationwide summer workshops have been set up through the use of federal grants administered by the U.S. Office of Education. Many states have instituted their own drug abuse seminars for teachers, as have hundreds of individual school systems. Any school district wishing to set up its own workshop is advised to write to NIMH, 5454 Wisconsin Ave., Chevy Chase, Md. 20015, for a copy of the publication entitled "How To Plan a Drug Abuse Education Workshop for Teachers."

THE ROLE OF THE PARENT

"I wasn't aware of how serious it was until he was dead." These words came from an agonizing parent, Fairleigh S. Dickinson Jr., a multimillionaire philanthropist, business executive and New Jersey state senator. He was talking with a reporter from the Hackensack (N.J.) Record about the loss of his only son as the result of an overdose of drugs. In Annandale, Va., a suburb of Washington, D.C., the setting was the same. "I preached to him more than I rapped with him," said Col. Donald C. Foster, who had just lost a son, Casey, 20, to drugs. "In every generation before," added Mrs. Foster, "parents had been through the same experience before and could guide their children through it. But not with drugs. We could have stayed on top of any problem he had if it hadn't been for drugs." Mrs. Foster advised parents throughout the nation: "If there is any suspicion, confront it." Added Col. Foster: "Trust and love can trap you into ignoring the suspicion that something might be wrong." Then, suddenly it's too late.

In Joliet, Ill., Percy Patrick Pilon and his wife, Arna, also agonized over the drug-related death of their son Pat, Jr., 18. They released a letter he had written to fellow teen-agers just before he died. It said: "I have used all types of drugs, from hash, pot and acid to hard stuff. It's all a bad scene. The people who push it don't use it.... All you are doing is ruining your life and letting people make money through you. Man, if you are on to the stuff, please--for your sake--get off it. If you can't fight it by yourself, then get help from someone. It may be rough trying to straighten yourself out, but it's never too late. Man, at least try...." He recalled the words of a song, "So much of life ahead, we have only just begun to live." And he wrote: "If you can kick drugs then you will find out what the song is really about. Don't give up to problems and escape by using drugs. It only makes more. If someone offers you drugs, be more of a man than I was. Say no. Learn from my mistakes."

In Tinley Park, Ill., the scene was similar. A grief-stricken Mrs. Corrine Minard, talking about the death of her son, Ken, said: "He was always a good boy and never a problem." Then came heroin. "He didn't talk too much about his problem," Mrs. Minard said. "But we tried to help him. He really wanted help." But, again, it was too late. Ken, too, left a note. It said: "Please, anyone and everyone who is involved with this horrible mess, please stop for your own sakes."

In Phoenix, Ariz., a group of 50 parents--members of a new group called "Parents Anonymous," sponsored by the Community Organization for Drug Abuse Control--sat in a church hall and talked about the shock, the shame, the anger and the pain of discovering that their children were abusing drugs.

One father said: "you think this couldn't happen in my family. You think it must have started yesterday. But you find out he's been on it for two, three, four years."

A mother: "He was 16, and he had always been the most cooperative child. Suddenly, he became uncooperative, argumentative. He would do nothing. He's used just about everything. He was mostly on LSD then. Now it's speed. He's been in a mental hospital three times in the last year."

Another mother: "He's very difficult to live with. And we have other children to think about. It sounds terrible, but we're all happier when he goes away." Still another: "You can't convince your children they're killing themselves. They're in the hospital with liver damage and you try to talk to them. And they say you don't know what you're talking about."

Scenes like these are repeated daily throughout the country. The players generally are parents who believed "it can't happen here." But it did. And tragically, in many cases, by the time the parents faced up to it, it was simply too late.

A 12-year-old drug user writing to the Allentown, Pa., Morning Call, put it very simply: "I wanted to help myself relate to my feelings 'cause adults just don't realize kids like us also have the same feelings that they do. I think a lot of adults turn off to us, and they just don't want to listen to what we have to say. And this is why I think a lot of kids turn to drugs."

A stern critic of the past performance of parents in preventing drug abuse is Fairfax County (Va.) Commonwealth's Attorney Robert F. Horan Jr. Too many parents, the county prosecutor contends, "just sit back and say 'my God, I don't want to do anything because we'll get involved with the police and the courts.'" And because parents often do nothing when confronted with children who use drugs, he says, "many children are lost by the time we get to them. The parents and the adults in our society have a complete lack of understanding of the problem's complexity and scope," said Horan, writing in the Virginia Journal of Education. "When the topic of drugs comes up with young ones, the average adult walks away from it. He retreats and leaves the battlefield to the young," Horan added.

The Wall Street Journal came to the same conclusion after conducting a nationwide survey on drug abuse. "Parents in particular seem vague and unsure of just what's happening and what to do about it. Stop a student outside the high school in a place like Lakewood, Ohio, just outside Cleveland, and he has opinions and ample information about drugs at the tip of his tongue. Stop a mother at the Pick 'n Pay supermarket, on the other hand, and she'll tell you she's 'concerned' about drugs but will be hard-pressed to discuss the situation in any detail or render any opinions about it. Practically every suburban parent of teen-agers seems to know people whose kids use drugs--principally marijuana--but all seem to be certain their own teen-agers haven't used them and wouldn't."

A teen-age girl in Riverside, Calif., who admitted that she used drugs, told The Wall Street Journal: "If I told my mom what was going on, she'd

blame it on the kid down the street who got busted for selling pot. She couldn't imagine that her little girl would get involved in something like that on her own." A minister in McLean, Va., added: "Parents are clandestine about the drug situation. If they find out their kids are using anything, they are ashamed and don't want anyone else to know about it."

The Journal also uncovered situations in Atlanta, Ga., and Maplewood, N.J., where parental attitudes often blocked efforts of police and school officials to deal with children suspected of using drugs. Cecil H. Jackson, principal of a high school in Sandy Springs, Ga., just outside Atlanta, said that often when he tells a parent his child is suspected of being on drugs the reaction is chiefly fury at him, sometimes climaxing in angry visits to his office to refute the charges.

Police in Maplewood, a New York suburb, said the typical reaction among parents there is to get angry at police when a child is picked up on drug charges, rather than to cooperate in getting him off drugs.

How Can a Parent Tell?

Parents simply must realize that if they have a teen-age child, there is a one-in-five probability that he has tried some kind of illegal drug, authorities say. That's not to say that such odds hold true for heroin addicts. There the odds are probably 1 in 50 or 1 in 100, but as any high school student will tell you, pot and pills are everywhere.

Thus, officials say, the first thing a parent must do is be on the lookout for drug abuse danger signs. The more obvious ones are:

- Rapidly falling grades: Most addicts quickly lose interest in school and grades.

- Change in appearance: Constant drug users many times also lose interest in appearance. They just don't care. Their dress habits and personal hygiene deteriorate.

- Evasive and unusual behavior: Abrupt lack of interest in the family, changing from old friends to new ones whom parents never see, unexplained telephone calls, and a sudden need for money all may be drug abuse danger signs.

- Indifference: Pride, ambition, integrity and dependability may deteriorate to indifference, laziness, depression and dishonesty.

- Alienation: Questioning of social values, rejection of society, becoming alienated to usual social customs are often connected with drug use.

- Physical changes: Drug abusers many times are nervous, irritable and argumentative. They may show signs of insomnia and restlessness and eat a lot less than usual, resulting in a loss of weight. They may drop off to sleep in the middle of the day and range in mood from euphoria to deep depression.

What Should a Parent Do?

While all drug abuse authorities rarely agree on all points, one that they do generally agree upon is that when a parent suspects his child of using drugs, the first thing he should do is talk calmly and rationally to the youngster about the whole problem.

But they're quick to point out that if a parent has ignored his youngster's other problems all along it's more than likely already too late. Lines of communications should have been established a long time before.

Good advice on parent-child communications as a prevention to drug abuse comes from Peoria, Ill., Public Schools. They counsel:

- Seek your child's trust and trust your child.
- Get to know your child, encourage discussion of his feelings and try to understand them.
- Help him to understand your feelings.
- Take an honest interest in your child's activities, his friends, his friends' parents.
- Help your child establish his goals.
- Spend time together as a family.
- Be firm, fair, consistent and honest.
- Maintain parental control and establish fair limits.
- Help your child to understand that parental discipline is a form of concern and love.

Lewis Perry Jr., headmaster of the Fountain Valley School, Colorado Springs, Colo., agrees that frank, open communications are a necessity for dealing with the drug problem. He says: "I think that drugs are a subject that should be discussed. Open and frank disucssion can relieve the emotional content of the subject and lead to a better understanding on everyone's part. If your son is experimenting he may not wish to admit it. But if he knows he can talk with you and that you are interested it may help him a great deal. If he is convinced that he does not want to experiment, your support will be invaluable to him. Our responsibility is to provide emotional support to those who are close to us and to help them keep themselves under control. I believe that we can best do this by always making clear and evident our love and interest in our own firm yet unemotional position against drugs."

John Ingersoll of the Federal Bureau of Narcotics takes a somewhat firmer position. He discussed his thoughts during a question and answer session with U.S. News & World Report:

Q. What should a parent do if he discovers his teen-ager is using drugs?

A. If I found that one of my children was using marijuana, I certainly wouldn't send him to the police. I wouldn't even call in a doctor. But I would invoke some fatherly discipline aimed at keeping him away from marijuana. His privileges would be sharply curtailed until he quit. If that failed and his smoking became a chronic habit, or if he turned to stronger drugs, then I would seek some outside counseling--particularly if he and I weren't communicating well.

Q. What kind of counseling?

A. In some cases, the family physician can be helpful. In most communities, there is some kind of mental-health consulting facility. A school counselor who knows what he's doing could be helpful. But don't throw a youngster into the hands of somebody who doesn't know the first thing about drug problems. And don't expose him to a teacher or a counselor who himself is using marijuana or other drugs regularly.

Q. Suppose your son says to you: "Look, you old hypocrite, there you are smoking cigarettes, having two or three martinis every night. Why can't I smoke 'pot'?"

A. At this point, I would have a very frank discussion with my son. I would tell him that I'm not going to let him smoke or drink until he's old enough. I would tell him, too, that even if there were evidence that marijuana is no more harmful than alcohol--and there is not now such evidence --I wouldn't let him smoke it as a teen-ager.

Phyllis Barrins, a national consultant on drug abuse education, offers some practical tips to parents through her articles in The American School Board Journal. She suggests that adults can vow to:

- Stop laughing hilariously at drunks.
- Stop recalling in the presence of children just what "old Rex did that night we both got stoned at the Aphids Club dance."
- Protest to advertisers who push cigarettes, liquor and pills on radio and TV and in full-page magazine ads.
- Report drug abuse or signs of drug abuse to the police, to the state pharmacy inspector, or to the school principal if a child is involved.
- Stop taking one pill to get going in the morning and another to get to sleep at night.
- Object to editors of newspapers when news of drugs, suicide or drunkenness receives first page priority and sensational treatment.
- Stop buying lurid and sensational books, magazines and newspapers for use and display in the home.
- Take needed medication when no small eyes are watching.
- Clear low brush from playgrounds, leaving fewer places for clandestine drug taking or pushing.
- Send the teacher a note when Johnny must take prescription medication at school, explaining why the medication is taken, times to be taken, physician's name, medication name.
- Notify local disc jockeys that lyrics pushing drug use are out.

- Start a letter-writing campaign to notify movie producers that films encouraging drug-taking, smoking and drinking are not acceptable.

- Destroy all old drugs stored at home in the medicine cabinet.

Parents, most drug abuse authorities warn, also must stop using as a crutch the line that they really don't have to get involved, because someone else, a school counselor perhaps, will take up the drug abuse battle for them. Education consultant Terry Beresford puts it right on the line when she says: "Parents are misled by the fallacy that there is a 'they'--someone other than the parents themselves--who can or will solve these problems. It is the parents who must do their own policing.... It is the parents, who are also the voters, who must disengage politics and graft from the business of drugs. And it is parents, as guardians of children, who must see that the education of their children at home and in the school does not violate their values."

Dr. Sprague W. Hazard, presenting the position of the American Academy of Pediatrics' Committee on Youth to the I/D/E/A seminar, contended that parents expect too much of their youngsters. Parents, he said, should spend more time "rewarding the pluggers," instead of making them feel rejected by "applauding only the winners." "A helpful technique," he said, "is to guide the adolescent in making a realistic inventory of his strengths and interests. Since the adolescent has probably been told all his life that he could do better 'if he would only apply himself,' he must be made to feel that this time he is striving for the goal of enhancement of his own self-esteem, not just to make his parents proud or to give his teachers the satisfaction of saying that they 'were right all along--he could do much better.'"

Another doctor, Robert E. Gould, senior psychiatrist and chief of adolescent services at Bellevue-New York U. Medical Center, writing in The PTA Magazine, has the following advice for parent-teacher associations:

- Help families become effective units within which children can identify with the goals, values and interests of their parents.

- Support community action designed to improve living conditions and directed toward attainable goals.

- Emphasize the importance of parents and teachers as constructive models who, by minimizing drug abuse in their own lives, are determined to conteract the cultural trend to drug use.

- Insist that education about drugs be provided early, honestly, completely and in a continuing course.

- Prod schools to alter methods and curricula--to make school experiences meaningful, relevant, enriching, and--unlike drugs--mind-expanding.

- Ensure that psychiatric help is available for youngsters and/or families whose disorders of living have reached the point where the other measures are ineffective.

Kenneth J. Olson, a Pheonix, Ariz. psychologist, says there are three main steps parents should take if they suspect, or discover, that their child is using drugs:

- Talk to the child. Don't lecture him. Don't get hysterical. Talk calmly about drugs, find out what he knows about them, find out if he is using a drug, which drug it is, how extensive his use is.

- If the problem is too great to solve through family channels, seek help from a physician, a psychiatrist, a psychologist or anyone knowledgeable in whom the child places confidence. It may be that an ex-addict will have more influence than anyone else.

- If the child resists help, force it on him, but only as a last resort.

Many times, of course, theory looks good on paper or in a speech delivered by a forceful, convincing speaker, but when you get down to reality, it just doesn't work. That, however, is not the case when it comes to advocating healthy parent-child communications as a deterrent to drug use and abuse.

Susan Hunsinger, a staff writer for The Christian Science Monitor, wanted to see how the theory actually worked, so she interviewed parents and teen-agers. She found that love, understanding and communications did work in practice as well as in theory. Following are two of her interviews:

A Weston, Mass., mother of two teen-age sons:

"When our sons began to want to wear long hair, we tried to compromise," said the attractive, suburban housewife. "We asked ourselves, 'What's the most important thing--the length of their hair or their basic attitudes toward life?' When we do say 'no,' it is because of what's at the center of our lives, in our case religion, which we hope is the basis for every standard we have. Parents have to set an example by living by their own standards.... But we have to give our children room to question them, and we have to understand that their questioning is not so much rebellion as it is a search. As for drugs, they are all over our high school. But they don't seem to touch our boys. In fact, I'm a little concerned that our youngest son is not too popular at school--he's on a committee to inform kids about drug abuse."

A suburban New York mother--as seen by her 23-year-old daughter:

"I grew up in a New York suburb at a time when everybody was into pot and other drugs," said the girl in retrospect. "But even though all my friends were into drugs, my mother seemed to see me as I really was. She was not suspicious. She would remind me that a person is known by the company she keeps, but she didn't try to prevent me from seeing my friends. Her trust sustained me, though perhaps I didn't appreciate that at the time....

"I finally grew out of my old friends," said the girl, who now has a good job and close ties with her mother. "What really hit me was a phone call I got the other night from one of my old friends, who said the others are still at the same level--just vegetating with drugs. Then I realized what we had been doing and how different my life is now."

DRUGS AND THE LAW

As a perplexed society awoke in the late 1960s to find itself confronted with a drug revolution, it also found itself hopelessly entangled in a hodge-podge, crazy-quilt pattern of drug laws and enforcement practices dating back to the Harrison Act of 1914. The act placed a tax on narcotics, and by use of the statute the federal government was able to regulate their manufacture and distribution.

From it were spawned other laws, such as the Uniform Narcotic Drug Act of 1932 and the Marijuana Tax Act of 1937. Most provided severe penalties for illegal possession and trafficking in drugs, whether the drug be a few grams of marijuana or a footlocker full of heroin. First-time possessors of marijuana were lumped together with big dealers in heroin under the same felony label. In Minnesota, for instance, a youth received a 20-year maximum sentence for the possession of 1/2,800th of an ounce of marijuana after investigators had to vacuum the lining of his jacket to discover it, and crime lab chemists had to identify it under a microscope. Worse yet, perhaps, the State Supreme Court upheld the conviction under the state's drug laws.

Sentences for conviction of possession of marijuana ranged from seven days in Nebraska to life imprisonment in Texas. Virginia required a mandatory minimum sentence of 20 years. In Massachusetts, a first-offender could get a minimum sentence of two and one-half years for possessing marijuana, or up to five years if he had none in his possession but was caught in the same room with someone else who possessed the drug. These were laws and sentences imposed before the emergence of drugs as a massive national problem. And it must be pointed out that despite these harsh laws, the illegal use and abuse of drugs and narcotics attained its present avalanche proportions. The only answer to the dilemma, most authorities agreed, was to reform narcotics laws and concentrate all available resources on punishing the pusher instead of the occasional user.

Commenting in The New York Times, Terry Sullivan, assistant state's attorney for Cook County (Chicago), Ill., said the county's narcotics courts are handling some 400 drug abuse cases daily, the majority of them involving marijuana. "If we were to indict all those arrested we wouldn't have nearly enough judges, juries and prosecutors to try the cases," Sullivan said. "And if we did have enough of these, the jails wouldn't begin to hold those convicted. So we concentrate on those charged with possession or sale who are in the business of pushing marijuana," he said.

Another major problem with existing drug laws, as exemplified by ballooning drug use statistics, was that the laws, like those of prohibition before

them, were considered a joke by many; they were so anachronistic, they simply weren't being obeyed. Martin Kotler, the former New York City drug official, puts it this way "Historically, our society has accepted selected transgressions of the legal code. From the days when the Boston citizenry threw tea into the harbor, to the widespread violations of the prohibition laws, Americans have tolerated and even admired those who violated unpopular laws.

"Today, betting at tracks is legal; wagering with a bookmaker away from the track is not. Yet, there is little stigma attached to placing bets with bookmakers. In many urban areas, playing the numbers is widespread despite its illegality, and in many of these communities there is no opprobrium to placing such wagers. The preparation of income tax forms is not totally without some dubious machinations to lessen or avoid payments. For many of our youth, common business practices, at times, are difficult to distinguish from violations of the law or transgressions against the proclaimed moral code. For the youngster with a keen and perceptive eye, many of the social and business transactions of our society are at a considerable variance with the code of law and the proclaimed moral standards. Illegal experimentation with drugs from his reference point is basically not much different from that which he perceives all about him."

In light of these realities, state and federal governments began to seriously reexamine existing legislation. As Lansing R. Shepard, writing in The Christian Science Monitor, put it: "Like a lumbering dinosaur pulling itself from some ancient quagmire, state legislatures across the United States are hauling their drug laws out of the legal and scientific premises of the 1930s, with the great effort being to make the punishment fit the crime." But it was not until the "blossoming of the so-called drug culture of the 1960s," he said, that "jurists, politicians and the medical profession began to challenge assumptions underlying the laws. The net result," he added, "has been a concerted--if not coordinated--effort to bring drug laws more into line with the realities of the times."

Many judges believe in leniency for first offenders. In lieu of imprisonment, they are increasingly turning to other alternatives, such as mandatory drug education and enrollment in rehabilitation programs. According to The Christian Science Monitor, some 27 states already have reduced the first-offense conviction for possession of marijuana from a felony to a misdemeanor, and at least nine states have applied the same rule to the first-offense for possession of harder drugs, too. "The theory is," the Monitor reports, "that since the possessor is as often the victim of the pusher as he is of his own weakness, it is the pusher who should really be punished."

Using the same approach, the federal government also took two significant steps to extricate itself from the quagmire of the 1930s. The first was the Drug Abuse Control Act, signed into law by Pres. Nixon on Oct. 27, 1970, "to save the lives of hundreds of thousands of young people who would otherwise be hooked on drugs." The new law eased penalties for narcotics and drug users, stiffened penalties for professional drug traffickers and extended federal control over previously unregulated drugs. The President, in signing the bill, called on all citizens to join the government in a concerted effort to stamp out the rising use of drugs. Atty. Gen. John N. Mitchell expressed hope that all 50 states would adopt similar legislation.

Specifically, the act:

- Lowered all federal first-offense penalties for narcotics and drug users from felonies to misdemeanors; reduced punishment to no more than a year's imprisonment; and allowed probation, parole or dismissal of charges at a judge's discretion.

- Stiffened penalties for the professional drug pusher, giving federal judges the power to impose sentences ranging from five years to life.

- Authorized the employment of 300 federal narcotics agents and gave judges the go-ahead to authorize "no-knock" power for the agents. This means agents can, with the permission of a federal judge, force their way into private premises if they feel there is danger of drug evidence being destroyed.

- Authorized the following expenditures over three years: $180 million to expand federal drug rehabilitation programs, $220 million to beef up the Bureau of Narcotics and Dangerous Drugs, $18 million to hire the additional narcotics agents, and $1 million to create a Presidential commission to recommend a national policy on marijuana.

- Expanded drug rehabilitation, treatment and prevention programs of the Dept. of Health, Education and Welfare (HEW), including the development of community mental health centers for drug users and the earmarking of $29 million of the total moneys for HEW drug abuse education programs.

- Established controls over five separate categories of drugs and narcotics, according to their potential for abuse; provided for the licensing of manufacturers and distributors of all these drugs; and strengthened requirements for reporting and record keeping involving their sale.

The second major effort was the Drug Abuse Education Act of 1970. It will be covered in detail in the next section of this Special Report.

To Search or Not To Search?

One of the sticky questions that pops up periodically in the discussion of law and narcotics is whether or not school officials have the right to search students, desks and lockers for drugs. Most school officials say "yes," with the warning that guidelines of legal due process must be followed.

One of the most comprehensive sets of such rules has been issued to schools in New York City and many of its suburbs by Burton R. Roberts, Bronx, N.Y., district attorney. The rules "are applicable in insuring the constitutional rights of the students consistent with the rights and obligation of the faculty to insure the welfare of the student body as a whole," Roberts says.

The guidelines are as follows:

- School personnel may search lockers, closets, desks and similar areas under school control "at any time."

- A teacher seeing a student "in possession of narcotics or a hypodermic instrument" may immediately search the student or place him under a citizen's arrest for search by the police.

- A teacher may also search any student "who, in the opinion of the teacher, is reasonably suspected" of possessing drugs or drug instruments. "Reasonable suspicion is more than mere suspicion and should be based on concrete personal observations," or at least on "apparently reliable" information from other students.

- Information from student informants may be the sole basis for a search if the informant has, in the past, given information that has proved "to be consistently accurate" in two or three separate instances.

- Indiscriminate searches are to be avoided. Although they are "not per se illegal," they "offend everyone's sensibilities" and undermine the status and credibility of school authorities.

- All personal searches "are to be made by school personnel," with police to be called in only for protection.

The last regulation takes on added significance when viewed in the light of a decision by the New York State Supreme Court in the case of a teacher searching a youth suspected of possessing narcotics. The court said the teacher, acting "in loco parentis," or in the place of a parent, needed only a "reasonable suspicion" to justify the search, although a policeman in the same circumstances would be bound by stricter standards of search and seizure. The case involved the arrest of a 16-year-old youth for the possession of a hypodermic needle and related equipment discovered by a teacher during a search. The court agreed, in a 2-1 decision, that a school official stood in the place of a parent with regard to the pupils in his care. They said the official had an obligation to protect the children from harmful and dangerous influences, which would include narcotics.

The majority opinion pointed out that the Fourth Amendment to the Constitution "protects not against all searches and seizures, but 'against unreasonable searches and seizures.' The 'in loco parentis' doctrine is so compelling in light of public necessity and as a social concept antedating the Fourth Amendment," it said, "that any action, including a search, taken thereunder upon reasonable suspicion should be accepted as necessary and reasonable."

Should Marijuana Be Legalized?

One of the hottest questions debated on the drug scene is whether marijuana should be legalized. Proponents of legalizing marijuana contend that its use is safer than alcohol since it leads to no physical dependence on it or other drugs the way alcohol can lead to alcoholism; that anti-marijuana laws are about as senseless and ineffective as laws against liquor during prohibition; that people who drink cocktails while favoring anti-marijuana laws are hypocrites; and that the social and economic cost of enforcing laws against marijuana far outweigh the benefits of that enforcement. Opponents

Bounties Suggested for Pushers

New York State Assemblyman Samuel D. Wright, who is also chairman of the Ocean Hill-Brownsville School Board in Brooklyn, contends that like the desperadoes of the Old West, today's drug pushers should have bounties on their heads. A bill to be introduced in the New York State Legislature provided a bounty of up to $2,500 in tax-free state funds to any person who would give information leading to the arrest and conviction of a drug seller.

Although the drug problem in Ocean Hill-Brownsville has reached "tidal wave" proportions, he said, it is difficult at best, and sometimes impossible, to arrest drug peddlers unless someone supplies the nesessary information. It is well documented, he said, that people not directly affected by drug abuse display a natural reluctance, or even an outright refusal, to become involved.

of legalizing marijuana contend that although there may be no evidence of marijuana leading to physical dependence on drugs, most people hooked on hard drugs started with marijuana and were psychologically attracted to hard stuff; that legalizing marijuana would lead to the nations' schools and colleges being overrun by "potheads"; and that the cry for legalization comes mainly from those who would further downgrade the morals and behavior of an already too-permissive society.

Numerous investigations into the matter have been made by all sorts of committees, commissions and task forces representing the medical and legal professions; education; social agencies; and city, state and federal governments. All, so far, are relatively inconclusive. Meanwhile, any person, anywhere in the country, who uses marijuana commits an illegal act and must face the consequences of being caught, arrested, tried, convicted and either fined or sent to jail. That is the law.

DRUG ABUSE EDUCATION ACT— A BREAKTHROUGH

The Drug Abuse Education Act of 1970 was signed into law by Pres. Nixon on Dec. 3, 1970. Its major purpose, according to a special report of the House Education and Labor Committee, is to "help eliminate drug abuse by striking at the heart of the problem--the lack of knowledge on the part of the average citizen, young or old, on the dangers of improper drug use."

The act authorized the expenditure of $58 million over three years for a variety of programs to combat drug use and abuse, with the emphasis on drug education curricula and community and adult education on drugs. The actual appropriations were $6 million for fiscal year 1971 and $13 million for fiscal year 1972. In a nutshell, the bill:

- Authorized the secretary of Health, Education and Welfare to make grants and contracts with institutions of higher education, state and local education agencies (including public and private school systems), and other public and private research institutions to support the development of new and improved curricular materials for use in elementary, secondary, adult and community education programs, as well as the dissemination of information on such materials.

- Provided funds for preservice and inservice teacher training programs, including seminars, workshops and conferences on drug abuse education.

- Provided funds for community and adult drug education, including funds for peer-group programs such as drop-in centers, outpatient counseling and drug hot line telephone services.

- Included explicit provisions to recruit, train, organize and employ professionals, former drug users and paraprofessionals to participate in drug education programs.

Twenty-six communities and 20 colleges were selected to receive the first $2.8 million in grants under the act. Recipients were selected by a panel of outside consultants from among 800 proposals. In addition, approximately $3 million has been allocated to continue state and local drug education training projects which were initially funded by the U.S. Office of Education (USOE) under the Education Professions Development Act. The first 46 programs funded under the new act had many similar characteristics. (A list of the 46 programs appears on p. 55.) Their major thrusts include:

- Drop-in centers, staffed voluntarily by students, former drug users, medical personnel and qualified drug counselors. Students and community

alike can get factual information on drugs, counseling and, in many cases, actual medical and psychiatric help when "crashing," or coming down from a drug trip. Some centers also were proposed to serve as live-in facilities to take care of users trying to overcome the drug habit. Almost all feature a 24-hour hot line telephone service where drug users can call in for help. Most centers also offer medical and psychiatric referral for persons on drugs and family counseling services.

- Intensive community drug education programs, including seminars, rap sessions, theater skits, pamphlets, panel discussions, films, speakers bureaus, lectures, radio and television presentations, workshops, newsletters and any other means of communicating the seriousness of the problem to the community.

- Coordinating councils with representation of students, community leaders, educators, medical personnel and other authorities in the drug field to reduce overlap in community drug abuse education projects, to evaluate programs and to plan for one intensive, comprehensive community attack on the problem.

- Heavy involvement of youth and former drug users as leaders of peer-group counseling programs, rap sessions and the like.

- Development, in cooperation with local educational institutions of drug curricula for area schools, from kindergarten through college.

- Recruitment and inservice training of a wide range of volunteer paraprofessionals to staff centers, to man information programs and to serve as a vital link between the drug abuse education program and the community itself. Prime source of such volunteers will be business and industry, civic groups, parent and teacher organizations, law enforcement agencies and religious groups.

- Development of constructive alternatives to taking drugs.

USOE required that programs to be funded under the Drug Abuse Education Act of 1970 generally adhere to the following guidelines: federal, state and local commitment and cooperation; participation of the community; heavy involvement of youth in planning and conducting programs; an approach to drug education which is integrated into the educational program at all levels and in a wide variety of subjects; an unbiased presentation of facts and information about drugs and drug use; a humanistic approach designed to encourage people to come together to explore their attitudes towards drug use and misuse.

Further information about the Drug Abuse Education Act may be obtained from the Drug Education Branch, Division of Program Resources, Bureau of Educational Personnel Development, U.S. Office of Education, Washington, D.C. 20202.

HYPERACTIVITY AND AMPHETAMINES

Another great debate that rages around the drug scene is whether or not amphetamines should be used to calm hyperactive young children. The consensus of governmental, medical, health and education authorities is a cautious "yes," but the skeptics still abound.

The widespread use of small doses of amphetamines--called "uppers" or "speed" in the full adult doses--to treat hyperactive youngsters came to light in June 1970, when it was reported that from 5% to 10% of all the public elementary school children in Omaha, Neb., were involved in such treatment. Deeper investigation by authorities and the nation's press revealed that up to 500,000 pupils in grades 1-6 throughout the nation were being treated with amphetamines to counteract various hyperactive disorders.

Furious debate was touched off almost immediately. Congress began an investigation through a right to privacy inquiry of the House Governmental Operations Committee. The Office of Child Development of HEW convened a blue-ribbon panel of 15 of the nation's top medical scientists and educators to study the problem and to make recommendations for the continued use or disuse of amphetamines on hyperactive children.

The problem actually goes back decades. For many years, medications such as tranquilizers and antidepressants have been used by doctors to treat various disorders in children. Some 30 years ago, the use of stimulant medications was added to the list when doctors found out that, for a reason that is still unexplained, some medications that stimulate adults actually calm overactive children.

Overactivity in children is caused by many different factors--the most common one being the normal ebullience of youth. One of the most serious causes is minimal brain dysfunction which causes, in medical terminology, "hyperkinetic behavioral disturbance." No one has yet found the cause. The symptoms are a marked increase in physical activity, a marked decrease in the span of attention, and a propensity to fight, yell, run around the room and generally disrupt the educational process. Most authorities describe the hyperkinetic child as one having an "inner tornado" beyond his control. The child is continually distracted. He races from one interest to another, never focusing on any one for more than a brief period of time. He is usually irritable and hostile.

One of the most commonly used drugs to calm hyperactivity in children is Ritalin, a powerful stimulant with effects like those of amphetamines or "pep pills." Yet, contrary to its stimulating effect in adults, it has a

calming and quieting effect on hyperkinetic children. The pros and cons of its use, however, are many.

Testifying before the right to privacy inquiry, Dr. Thomas C. Points, a deputy assistant secretary of HEW, said the use of such drugs produces no euphoria in youngsters and there is no evidence to suggest that the drugs are addicting in children. Sally R. Williams, president of the National Education Assn.'s Dept. of School Nurses, strongly defended the use of amphetamines before the Congressional committee, contending that "we school nurses have seen the value of this type of treatment for selected pupils." She described a typical hyperactive child: "This child was extremely hyperactive, as though he had a 'spring inside'; he had a very short attention span, could not write his full name on the paper; was excessively distractible, and responded actively to every motion, grunt, sigh or shuffle of the other children in the classroom. He had no impulse control and upon impulse acted immediately, thus placing himself in frequent situations where he was in danger to himself and other pupils."

Mrs. Williams testified that "the literature is filled with documented case studies" showing that such pupils, carefully identified by psychological and medical evaluation, have been significantly helped by amphetamines and Ritalin. "We do have a serious problem of drug abuse among our children and youth," she concluded, "but we must not allow those problems to jeopardize the effective treatment of one segment of our pupil population."

Dr. Barbara Fish, professor of child psychiatry at the New York U. School of Medicine, agrees, contending that "sensationalism in the press" has frightened parents to such an extent that they would not accept their physician's prescription of amphetamine treatment for a hyperkinetic child. The problem, she says, is that too little medical help is available for overactive children. She urges "early detection, evaluation and treatment...so we don't get fifth graders referred to us for help that they should have gotten in first grade."

Dr. Leon Oettinger Jr., a noted San Marino, Calif., pediatrician who specializes is childhood learning problems, says that amphetamines and similar drugs are "probably the safest ever discovered by man, when used in medical dosages." He says he has given amphetamines to more than 2,000 young patients over the past 23 years and "never had a problem with abuse." Dr. James Satterfield, director of the Gateway Hospital Hyperactive Children's Clinic in Los Angeles, scoffs at critics. He says that such drugs are carefully prescribed by doctors and that nowhere do medically unqualified persons, including teachers and school administrators, have the legal right to administer medication to children. To this comment, Dr. James E. Peters, a Little Rock, Ark., child psychiatrist, adds in an interview in The Wall Street Journal: "Those doctors and politicians who say that they're against it because they feel that it is experimenting on children just aren't familiar with the research that has been done."

Yet, skepticism persists. Author-lecturer John Holt, a former elementary school teacher, says that behavior problems are treated with drugs not because it's good for the child, but because such problems "make it difficult to run our schools as we do, like maximum security prisons, for the comfort and convenience of teachers and administrators who work in them."

Dr. Helen Gofman, director of the child study unit at the U. of California Medical Center, cautions against the use of stimulants for hyperactive children. "Medication isn't always the answer," she says, advising that "merely talking to the parent of the child" is often the best treatment.

Bert Donaldson, director of programs for emotionally disturbed children for the Michigan State Dept. of Education, charges that amphetamines are often used to quiet children whose only real problem is being "bored to death in their classes. If teachers would challenge these children as far as their intellects would go, many would straighten up." Donaldson acknowledges that Ritalin may be "the greatest thing on earth" for students with accurately diagnosed hyperactivity problems, but he questions the number of children placed on such medication. So does Arnold Arnold, consultant on baby and child care and author of the book, Your Child and You. While as many as 840,000 elementary school children across the country (three out of every 10) fall into the hyperactive category, Arnold says, only a small number of these actually suffer brain dysfunction or damage. Furthermore, he contends, only a small number respond favorably to amphetamines. Yet, he says, even after the nationwide publicity and the Congressional investigation, there are still somewhere between 150,000 to 300,000 children being given amphetamines, "and the movement to prescribe them widely for a variety of classroom behavior problems is gathering momentum in many states and cities."

Arnold also criticizes the diagnostic process leading up to the prescription of amphetamines. "Certainly," he says, in discussing the problem with the National Newspaper Syndicate, Inc., "every child believed to suffer minimal brain dysfunction should be carefully examined by a team of qualified medical specialists that must include a pediatric neurologist. Yet, there are only 100 of these in the whole United States. Presently," he charges, "such diagnoses are most often made by ordinary pediatricians, by psychologists and by general practicioners who are not able to give the required tests or make the proper medical judgments." And, he adds, there is a "prevalent myth" among teachers and psychologists "that has caused amphetamines or Ritalin to be commonly and irresponsibly prescribed" as a "cure" for all kinds of ailments, including reading problems.

Another critic of the process is Rep. Cornelius Gallagher, D-N.J., who conducted the right to privacy inquiry. At one point in the hearings he suggested that school children were being used as "guinea pigs in a grotesque psychological game of chance." And he admonished a Little Rock, Ark., doctor who admitted he had prescribed Tofranil, one of two amphetamine-type behavior modification drugs (the other is Aventyl) which the Food and Drug Administration (FDA) later warned physicians not to use.

"That's one of the greatest concerns about the use of these drugs," Rep. Gallagher said. "You are using drugs that the FDA says are dangerous and you didn't even know the drugs were dangerous. We should suspend the use of these drugs for this purpose until more is known." Now, after the hearings and the HEW task force study, more is known, and the final work, so far, belongs to the 15 experts who comprised the HEW study. Their recommendation consists of a cautious green light to the careful treatment of hyperactive children with amphetamines. In a 17-page report they said that if such factors as careful diagnosis by a doctor, close supervision of treatment,

and parental consent and cooperation were part of the process, they approved of the use of amphetamines on youngsters suffering hyperkinetic disorders. They hit hard at the need for parental consent, saying: "The consent of the patient and his parents or guardian must be obtained for treatment. Under no circumstances should any attempt be made to coerce parents to accept any particular treatment." The report said it was proper "for school personnel to inform parents of the child's behavior problems, but members of the school staff should not directly diagnose the hyperkinetic disturbance or prescribe treatment." The school "should initiate contact with a physician only with the parents' consent," the panel added.

The panel also scotched the contention that the condition is more prevalent in black children than in white. Hyperkinetic disorders, they reported, "are found in children of all socioeconomic groups and in countries throughout the world." Such problems, the panel said, "may have their origins in events taking place before the child is born, or during the birth process, or they may be related to some infection or injury in early life."

The panel also warned that hyperkinetic disorders should not be confused with the normal problems of youth, contending that inattention and restlessness in class could be caused "by hunger, poor teaching, overcrowded classrooms, or lack of understanding teachers or parents. Above all," the report warned, "the normal ebullience of childhood should not be confused with the very special problems of the child with hyperkinetic behavior disorders." Noting that there is no single all-inclusive diagnostic test for these types of problems, the panel counseled that "adequate diagnosis may require the use not only of medical resources but also of special psychological, educational and social resources." The panel also said that even if hyperkinetic problems are properly diagnosed, amphetamines aren't always effective. The report said that only one-half to two-thirds of the children suffering from such disorders are actually helped by the drugs, and their effectiveness can be determined pretty quickly. It only takes from a few days to a few weeks to determine, through testing, if the medication is working. Thus, the report said, if adequate testing "produces only doubtful benefits or none at all, treatment can be promptly terminated."

The report also indicated that amphetamines don't "cure" hyperkinesis, but merely make the child more accessible to teachers and counselors. The use of such drugs, the panel said, should be discontinued after age 11 or 12.

The panel also found that although amphetamines suppress erratic behavior, they don't suppress the child's initiative to learn. They said: "When the medication is effective, the child can modulate and organize his activities in the direction he wishes. The stimulant does not slow down or suppress the hyperkinetic child in the exercise of his initiative. Nor does it 'pep him up,' make him feel high, overstimulated, or out of touch with his environment." The report added that the stimulants "appear to mobilize and to increase the child's abilities to focus and to organize his bodily movements more purposefully." Finally, the panel warned against "exaggerated alarm" over the use of amphetamines on children. The report stated forcefully that such unfounded, trumpeted alarm "can threaten the availability of medical resources for those who critically need it," adding that "this has happened before in the history of valuable medicines, and it can take years to repair the damage."

APPENDIX

Drug Education Projects

The following organizations and institutions are operating community-based drug education projects financed by the Drug Abuse Education Act of 1970. The names of project directors are also included.

Mrs. Gail Shortell
Drug Abuse Coordinator
City of Fairbanks, PO Box 790
Fairbanks, Alaska 99701

Tom Bemberg
El Dorado School District #15
1115 W. Hillsboro
El Dorado, Ark. 71730

Fred Miller
Mission Rebels in Action
674 S. Van Ness Ave.
San Francisco, Calif. 94110

John Grogan
Committee on Drug Education
421 Mathews
Fort Collins, Colo. 80521

David E. Simpson
Danbury Area Unified
Social Services
80 Main St.
Danbury, Conn. 06810

Anne B. Turpeau
Washington Urban League
1424 Sixteenth St. NW
Washington, D.C.

Anthony R. Gaudio
The Door--PO Box 1670
Tampa, Fla. 33606

Howard Wise
Metro-Atlanta Mediation Center,
Inc.
65 Eleventh St. NE
Atlanta, Ga. 30309

Helen D. Dorsey
Kennedy-King College
7047 S. Stewart St.
Chicago, Ill. 60621

Chuck Moulton
Rap Place, Inc.
145 Park St.
Lewiston, Maine 04240

Steven Schwartz
Office of Student Services
Ann Arbor Community Coalition, Inc.
University of Michigan
Ann Arbor, Mich. 48104

Jack Jenkins
Gallatin Council on Health and Drugs
323 S. Wallace
Bozeman, Mont. 59715

L. R. Smith
Kearney Drug Education
Kearney Clinic
Kearney, Neb. 68847

Mary Jane Loper
Southern Nevada Drug Abuse Council
1135 University Rd.
Las Vegas, Nev. 89101

Ford Daley
Project HEADREST
College Hall
Hanover, N.H. 03755

Milton Mayefsky
School District 30
42-15 Crescent St.
Long Island City, N.Y.

Clement Cumberbatch
Harlem Teams for Self-Help, Inc.
179 West 137th St.
New York, N.Y. 10030

Pamela Alme
Bismarck Drug Abuse Foundation, Inc.
205 N. Fifth St.
Bismarck, N.D. 58501

Vera Carson
Community Action Against Addiction
c/o V.G.R.S.
2239 E. 55th St.
Cleveland, Ohio 44103

Lu Bain
White Bird Sociomedical Aid Station
Eugene, Ore.

Marvin I. Lare
Columbia Urban Service Center
1100 Taylor St.
Columbia, S.C. 29201

Adair Callison
Pupil Personnel Services
Sioux Falls Public Schools
201 E. 38th St.
Sioux Falls, S.D.

James M. Young
244 N. Magdalen
Mental Health/Retardation Center
San Angelo, Tex. 76901

Edmund Menken
Rubicon
2718 E. Franklin St.
Richmond, Va. 23323

Lauren Groth
Concern, Inc.
PO Box 462
Menomonie, Wis. 54751

Rene de la Cruz
Nu Sigma Beta Fraternity
PO Box 9165
Santurce, Puerto Rico 00908

The following colleges and universities are operating drug education projects financed by the Drug Abuse Education Act of 1970. The names and addresses of project directors are also included.

University of Arizona, Tucson
Gary Hulshoff
Rehabilitation Center
College of Education
University of Arizona
Tucson, Ariz. 85721

East Los Angeles City College
Richard Telles
5202 E. Brooklyn Ave.
Los Angeles, Calif. 90022

UCLA
Ross Arbiter
308 Westwood Plaza
Los Angeles, Calif. 90024

University of Idaho, Moscow
E. John Murry
249 Circle Drive
Moscow, Idaho 83843

Illinois State University, Normal
Randy Anderson
1013 N. Prairie
Bloomington, Ill. 61701

Johns Hopkins University, Baltimore
Doug Reid
3036 Guilford Ave.
Baltimore, Md. 21218

University of Massachusetts, Amherst
Ronald La France
853 E. Pleasant
University of Massachusetts
Amherst, Mass. 01002

University of Detroit
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16221 Petoskey
Detroit, Mich. 48221

Macalester College, St. Paul
Roland Crawford
c/o Lawrence Young
Coordinator, Counseling and
Psychological Services
Macalester College
St. Paul, Minn. 55101

Jackson State College
Henry Thompson
1515 Bloom St., Apt. 1
Jackson, Miss.

Glassboro State College
John Newcomb
308 Carpenter St.
Glassboro, N.J. 08028

College of Santa Fe
Louis Gheradini
#B-108 LaSalle Hall
St. Michael's Drive
Santa Fe, N.M.

University of New Mexico,
Albuquerque
Jim Trost
Psychology Department
University of New Mexico
Albuquerque, N.M. 87047

Utica College of
Syracuse University
Leroy Wells
#255 South Hale
Utica, N.Y. 13502

Dickinson College, Carlisle
Oden Warman
Box 1638
Dickinson College
Carlisle, Pa. 17013

Burlington Valley University
Consortium
Bruce Levine
Counseling & Testing Center
University of Vermont
Burlington, Vt.

Hampton Institute
Charles E. Evans
Acting Director
401 Kings Hall
Hampton Institute
Hampton, Va. 23366

Western Washington State College,
Bellingham
Tod Sundquist
Western Washington State College
Bellingham, Wash. 98225

West Virginia Wesleyan College,
Buckhannon
Nancy Hart
c/o Drug Counsel on Information
West Virginia, Wesleyan College
Buckhannon, W.Va.

Ripon College
Clark Westneat
c/o Dean of Men
Ripon College
Ripon, Wis. 54821

A Directory of Drugs, Drug Terms and Drug Culture Slang

Drug	Slang Name	Description	Medical Use	Risks of Abuse
Hallucinogens				
Marijuana	Pot, Grass, Weed	Flowering, resinous top of female hemp plant	None	Altered perception, impaired judgment, feeling of drunkenness
Hashish	Hash	Same as above	None	Same as above, except more intense
Mescaline	Mesc	Extraction from peyote cactus	None	Visual hallucinations, possible psychosis
Peyote	Cactus	Dried cactus containing mescaline	None	Visual hallucinations, possible psychosis
LSD (Lysergic Acid Diethylamide)	Acid, Hawk	Synthetic chemical, 400 times more powerful than mescaline	None	Hallucinations, distortions in time and space, possible psychosis
DMT (Dimethyltryptamine)	None	Synthetic chemical	None	Hallucinations, possible psychosis
STP (Unidentified)	Dom	Synthetic chemical	None	Same as LSD, but much more intense, lasts 2-4 days
Psilocybin	None	Extracted from a mushroom	None	Same as LSD, but less intense
Amphetamines and Stimulants (Uppers)				
Cocaine	Coke, Corinne, Snow	Isolated alkaloid of coca leaf	Anesthesia of eye and throat	Loss of appetite, weight loss, insomnia, irritability
Methedrine (Also called Methamphetamine)	Speed, Meth	Synthetic central nervous system stimulant	Treatment of obesity, fatigue, depression	Nausea, hypertension, irritability, confusion, aggressiveness
Benzadrine	Bennies	Same as above	Same as above	Same as above
Dexedrine	Dexies, Copilots	Same as above	Same as above	Same as above

Biphetamine	Footballs	Same as above	Same as above	Same as above
Barbiturates and Depressants (Downers)				
Librium Equanil Miltown Valium Thorazine	None	Tranquilizers	Treatment of anxiety, tension, alcoholism, neurosis	Blurred vision, confusion, possible severe depression when combined with alcohol
Nembutal	Yellow jackets	Barbituric acid derivative	Sedation, treatment of insomnia	Incoherency, depression, possible respiratory arrest; withdrawal symptoms include vomiting, tremors, convulsions
Seconal	Red birds	Same as above	Same as above	Same as above
Luminal	Purple hearts	Same as above	Same as above	Same as above
Amytal	Blue heavens, Blue devils	Same as above	Same as above	Same as above
Tuinal	Rainbows, Double trouble	Same as above	Same as above	Same as above
Opiates				
Opium	None	Dried, coagulated milk of unripe opium-poppy plant	Treatment of pain, severe diarrhea	Loss of appetite, temporary impotency or sterility, painful withdrawal symptoms
Morphine	M, Miss Emma	10-1 reduction of crude opium	Treatment of severe pain	Same as above
Heroin	H, Horse, Junk, Smack, Scag	Converted morphine	None	Same as above
Methadone	None	Synthetic chemical	Treatment of heroin addicts, pain relief	Same as above
Codeine	None	Extracted from opium	Cough syrup, pain relief	Same as above
Demerol	None	Synthetic chemical	Pain relief	Same as above

The Language of Drugs

Acid Head--Frequent user of drugs

Addiction--Physical dependence on a drug

Amphetamine Psychosis--Serious mental illness caused by overdoses or continued use of amphetamines. The person loses contact with reality, is convinced that others are out to harm him. Sometimes continues long after user has stopped taking drug.

Baggie--A container of drugs, usually marijuana

Blanks--Non-drugs represented and sold as drugs

Blow Your Mind--Get high on drugs

Brick--A kilo (2.2 lbs.) of marijuana

Bummer--A bad experience under the influence of drugs

Busted--Arrested

Chipping--Sporadic use of hard drugs

Clean--An ex-user of drugs

Cold Turkey--Withdrawal from addictive drugs without medical supervision

Come Down--To have drug effects wear off

Cook Up--To prepare hard drugs for injection by mixing them with liquid and heating the preparation

Crash--To end a drug experience, particularly with Methedrine

Cut--Drugs diluted with other substances; also referred to as "Stepped On"

Dime Bag--A $10 purchase of drugs; also Nickel Bag ($5)

Drop--To take drugs orally

Fit--Syringe or other equipment used to inject drugs; also referred to as "Works," "Rig" or "Spike"

Fix--The act of injecting a narcotic

Flashback--A recurrence of hallucinatory effects after initial effects have ended

Flush--To get rid of drugs when arrest is imminent

Freak--A user of drugs

Fruit Salad--A mixture of capsules, pills and tablets passed from person to person and taken indiscriminately

Guide--One who sits with a person having a hallucinatory experience to guide him through it in case it turns out to be a bummer

Hard Stuff--Opiates

Head--Someone who uses drugs frequently

High--Under the influence of drugs, also referred to as "Stoned"

Hit--An injection of drugs

Hog--Someone who takes more than his share of drugs in a group experience

Hot Shot--Fatal or near fatal dosage of narcotics; also referred to as "Hot Load" or "Hot Cap"

Joint--A marijuana cigarette

Junkie--An addict, usually on heroin

Mainline--To inject drugs into a vein

Narc--An officer assigned to enforce narcotics laws

OD--An overdose of drugs

On the Nod--The sleepy condition of a person on opiates

Paper--One-tenth of a gram of a narcotic drug, usually heroin, wrapped in paper

Popping--The act of injecting a drug under the skin

Pot Head--A habitual user of marijuana; also referred to as "Weed Head"

Psychedelics--The medical classification of all mind-altering drugs

Register--To draw blood into a syringe before injecting a drug (to insure that the vein has been penetrated)

Roach--The butt of a marijuana cigarette

Rush--The initial effect of an injected drug

Score--To make a drug purchase

Shoot Up--To inject drugs intravenously

Snith--An informer

Speed Freak--A heavy user of stimulants

Speed Run--A continuous series of highs on stimulants

Stash--A hiding place for drugs, or a hidden supply of drugs

Strung Out--Addicted to drugs

Tab--A tablet of LSD

Toke Up--To light a marijuana cigarette

Tracks--Injection marks on the skin along a vein

Travel Agent--A person who sells LSD

Trip--A psychedelic experience

Tune In--To be knowledgeable about drugs

Turn On--To use drugs

Wired--Under the influence of a stimulant

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Federal Aid: New Directions for Education in 1970-71. Reports appropriations for 1970-71 and the 1970 amendments. Explains in detail new amendments affecting federal funding. Includes a guide to all U.S. Office of Education programs for 1971. #411-12776. 48 pp. $4.

Individualization in Schools: The Challenge and the Options. An examination of individualization programs, including their impact, goals, costs and results; whether students learn more; what the critics say. Detailed descriptions of eight major systems, including IPI, PLAN, IGE, IMS and PLATO. #411-12792. 1971. 64 pp. $4.

Preschool Breakthrough: What Works in Early Childhood Education. Comprehensive report on what's happening in early childhood education, including descriptions of federal programs, working projects, research and trends. Specific how-to advice for those seeking to set up programs for preschoolers. #411-12774. 1970. 48 pp. $4.

Reading Crisis: The Problem and Suggested Solutions. A roundup of the most significant recent discoveries on reading problems and a guide to supervisory and teaching techniques that work. Gives step-by-step suggestions to help teachers diagnose reading difficulties, measure reading levels, pinpoint weaknesses. #411-12766. 1970. 56 pp. $4.

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